

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 222

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>40 yrs +</u>		e. STREET ADDRESS (If rural, give location) <u>206 Lounsb St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 Lounsb St.</u>			

3. NAME OF DECEASED (Type or Print) <u>JENNIE</u>	a. (First)	b. (Middle)	c. (Last) <u>WOODS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15th 1956</u>
---	------------	-------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widow</u>	8. DATE OF BIRTH <u>about 1890</u>	9. AGE (In years last birthday) <u>about 65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Mins. _____
----------------------	-------------------------------	---	------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Burner Woods</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Pearson</u> ADDRESS <u>Columbia Mo.</u>
--	-------------------------------	---

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>443x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio-vascular disease & decompensation</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Oct 6, 1951, to Jan 15, 1956, that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>LeRoy Miller MD</u> (Degree or title)	23b. ADDRESS <u>22 N 8th Columbia</u>	23c. DATE SIGNED <u>19 Jan 56</u>
---	---------------------------------------	-----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 19-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellevue</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan 19 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	31-10	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Parker</u> ADDRESS <u>Columbia Mo</u>
---	---	-------	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9661 9 83/

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Susan D. Parker

Licensed Embalmer No. 290
P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.