FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9870

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 27

1. PLACE OF DEATH

a. COUNTY: Mississippi

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (rural)

c. LENGTH OF STAY (in this place): 32 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. 2 (Thompson Bend community)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Miss.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston (rural) 0670

d. STREET ADDRESS (If rural, give location): Route 2, Box 228

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3. NAME OF DECEASED (Type or Print)

a. (First): Charley

b. (Middle):

c. (Last): Woods

4. DATE OF DEATH (Month) (Day) (Year): Mardh 3, 1956

5. SEX: Male

6. COLOR OR RACE: Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1906

9. AGE (In years last birthday): 49

IF UNDER 1 YEAR: Months: 7 Days: 22

IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): Mark TRee, Ark.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lane Woods

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Henrietta Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: 492-34-3941

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Henrietta Woods, R.2, Box 228, Charleston, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull, chest injuries — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Truck turned over on gravel road

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gravel Road

21c. (CITY, TOWN, OR TOWNSHIP) 069 (COUNTY) (STATE): Charleston (rural) Miss. Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 3, 1956 6:30P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: Truck wreck

22. *I hereby certify that I attended the deceased from* No Medical attendance *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dave Shelby, Coroner

23b. ADDRESS: East Prairie, Mo.

23c. DATE SIGNED: 3-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 8, 1956

24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: 3/10/62

REGISTRAR'S SIGNATURE: Jean F. Hearne

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. D. Sparks, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miss. Co. Health Dep
County File No. MAR 1
Date Filed MAR 16 19

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 .....
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.