

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25815

State File No.

FILED JUL 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH <u>State Hosp #3</u> a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>1 mo 29 d</u>		c. CITY OR TOWN <u>El Dorado Springs</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada State Hosp #3</u>				• STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>0201</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Woods</u> b. (Middle) _____ c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>8</u> <u>1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-27-1866</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>90</u> <u>2</u> <u>16</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Terrill Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Winters</u>		14. NAME OF HUSBAND OR WIFE <u>Elyabeth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adm Payne</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vessel Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Brain Syndrome with Psychosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> <u>yes</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 <u>7-9</u> , 19 <u>56</u> , to <u>7-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-7</u> , 19 <u>56</u> and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. Allmeyer MD</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>7-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chiltonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-16-1956</u>		REGISTRAR'S SIGNATURE <u>Uma E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin Prochler</u> ADDRESS <u>El Dorado Spgs, Mo</u>			

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

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..... *Max W. Seikering*

Licensed Embalmer No. *4696*

P. O. Address *Dorab...*

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.