

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27448

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina Benton 5613</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>3 mi N. E. Baring</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>				e. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>			b. (Middle) <u>GENIEVA</u>		c. (Last) <u>WOODWARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 23, 1904</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Clary</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Etta Parrish</u>		14. NAME OF HUSBAND OR WIFE <u>Newbrey Woodward</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Newbrey Woodward</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest</u>							<u>30 min.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			<u>45 min</u>
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Surgical operation</u>			<u>Unknown</u>
				DUE TO (c) <u>Carcinoma of ovary</u>			
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 <u>Carcinoma of ovary</u>				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) <u>175x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>18 Aug, 1956</u> to <u>18 Aug, 1956</u> , that I last saw the deceased alive on <u>18 Aug, 1956</u> , and that death occurred at <u>9:41 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. Wright D. DO</u>				23b. ADDRESS <u>Reynolds Mo.</u>		23c. DATE SIGNED <u>20 Aug 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>20 Aug 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Knox County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 21-56</u>		REGISTRAR'S SIGNATURE <u>Hille S. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edina, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Mrs J. W. Hudson*.....

Licensed Embalmer No. *297*.....

P. O. Address *Edina*.....

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.