

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29843**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 313	
1. PLACE OF DEATH a. COUNTY BOONE Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jasper			
b. CITY OR TOWN COLUMBIA		c. LENGTH OF STAY (In this place) 2 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) SARCOXITE		d. STREET ADDRESS (If rural, give location) 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOONE COUNTY HOSPITAL							
3. NAME OF DECEASED (Type or Print) Mrs. MARY ELIZABETH WOODS		a. (First)		b. (Middle)		c. (Last)	
5. SEX Female		6. COLOR OR RACE cauc.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 28, 1870	
9. AGE (In years last birthday) 85		10. MONTHS 8		11. DAYS 30		12. HOURS 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James Shipman		13b. MOTHER'S MAIDEN NAME Julia Smith		14. NAME OF HUSBAND OR WIFE Linden Woods			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jos. D. Morris, Columbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Arteriosclerosis Generalized Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown unknown	
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?				4200	
22. I hereby certify that I attended the deceased from 9-4 , 19 56 to 9-30 , 19 56 , that I last saw the deceased alive on 9-30 , 19 56 and that death occurred at 11:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles M. Lanke M.D. (Degree or title)				23b. ADDRESS Columbia, Missouri		23c. DATE SIGNED 9-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Mo.	
DATE REC'D BY LOCAL REG. Oct. 4, 1956		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Charles Lanke ADDRESS Columbia, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

3-300
0-48

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 Paul W. Fanning

Licensed Embalmer No. 4132

P. O. Address Columbia, Md.

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