

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38496

FILED DEC 4 - 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City,</u> c. LENGTH OF STAY (In this place) <u>7 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>2401 Highland Ave</u>						
3. NAME OF DECEASED (Type or Print) <u>Peter</u>		a. (First) _____	b. (Middle) _____	c. (Last) <u>Woods</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-19-1868</u>		9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
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 (State or foreign country) <u>Belleville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Peter Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Olive Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia Anne, Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Woods, 2401 Highland, Joplin, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pulmonary embolism</u>				<u>Immediate</u>		
		ANTECEDENT CAUSES				DUE TO (b) <u>Post-operative complication</u>		<u>5 days</u>
		DUE TO (c) <u>Left inguinal hernia.</u>				<u>1 year</u>		
		II. OTHER SIGNIFICANT CONDITIONS				<u>2 days</u>		
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>Right parotitis Surgical</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>560.0</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)				
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>11-1</u>, 19<u>56</u>, to <u>11-22-56</u>, 19<u>56</u>, that I last saw the deceased alive on <u>11-21</u>, 19<u>56</u>, and that death occurred at <u>3:35a.</u>, from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>709 Joplin St., Joplin, Mo</u>		23c. DATE SIGNED <u>11-23-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-24-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chetopa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chetopa, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>11-25-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
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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 *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Spalin, Mo*

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

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