

BIRTH NO. _____ REG. DIST. NO. ~~232~~ PRIMARY REG. DIST. NO. ~~237~~ Registrar's No. 206

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Prairie		c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY OR TOWN Middletown
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #2, Middletown		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) R.F.D. #2	

3. NAME OF DECEASED (Type or Print)	a. (First) Sadie	b. (Middle) Melinda	c. (Last) Woodward	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 19, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Rush Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hardy Doolin	13b. MOTHER'S MAIDEN NAME Susan Canterbury	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs August Freie	ADDRESS Middletown, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 10 years 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic anemia 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1956 to Nov 8, 1956, that I last saw the deceased alive on Nov 8, 1956, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis H. Walls M.D.	23b. ADDRESS Willisville Mo.	23c. DATE SIGNED 11/9/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 56	24c. NAME OF CEMETERY OR CREMATORY Littleby Methodist	24d. LOCATION (City, town, or county) Audrain County, Mo.
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DATE REC'D BY LOCAL REG. Nov. 21-56	REGISTRAR'S SIGNATURE Mrs. Zoe Chapman	25 FUNERAL DIRECTOR'S SIGNATURE Dorothy Hueston	ADDRESS Mexico, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Ralph S. Hueston*.....

Licensed Embalmer No. 4687..

P. O. Address Mexico, Mo.

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.