

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027738
State File No.

FILED AUG 26 1957

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4088		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE mo b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore		c. LENGTH OF STAY (in this place) 36 years		c. CITY OR TOWN Ellsinore		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 Own home				e. STREET ADDRESS (If rural, give location) 0180			
3. NAME OF DECEASED a. (First) Edward (Type or Print)			b. (Middle) Woods			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1957		5. SEX m		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Nov. 28, 1874		9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Woods		13b. MOTHER'S MAIDEN NAME Mary Jane Brown		14. NAME OF HUSBAND OR WIFE Murtle Woods	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 288-15-2459		17. INFORMANT'S SIGNATURE OR NAME Murtle Woods		ADDRESS Ellsinore 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Ischemia				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage				17 hrs.	
		DUE TO (c)				33! X	
		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"/>	
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 Sept 19, 1957, to Aug 13, 1957, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Coleman W. Sproul		23b. ADDRESS Crown View Buren		23c. DATE SIGNED 8/17/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 15-57		24c. NAME OF CEMETERY, OR CREMATORY Smith Chapel		24d. LOCATION (City, town, or county) (State) Carter Co mo.	
DATE REC'D BY LOCAL REG. Aug. 20-57		REGISTRAR'S SIGNATURE Mrs Octa Newson		25. FUNERAL DIRECTOR'S SIGNATURE Seaton Pawitt			
				ADDRESS Van Buren mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

AUG 22 1957

CARTER COUNTY
HEALTH CENTER

SEP 13 1957

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 *Seaton Pewitt*.....

Licensed Embalmer No. 2287

P. O. Address *Van Buren*.....

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.