

FILED NOV 12 1957

STANDARD CERTIFICATE OF DEATH

38875
STATE FILE NUMBER

Registration District No. **337** Primary Registration District No. **4496** Registrar's No. **79**

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY SHELBY				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY SHELBY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHELBYVILLE, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SHELBYVILLE, Mo		1030 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) SHELBYVILLE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle C Last WOODS				4. DATE OF DEATH Month Nov Day 3 Year 1957				
5. SEX M	6. COLOR OR RACE 2 COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG 26, 1974	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR			10b. KIND OF BUSINESS OR INDUSTRY LABOR		11. BIRTHPLACE (City and state or country) MARION COUNTY Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JESSE WOODS				14. MOTHER'S MAIDEN NAME MATTIE HOSHIA				
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. 492-28-2617		17. INFORMANT Address PHONE KELLY, CHARITON TOWN				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis the myocardial disease DUE TO (b) Arterio Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221							INTERVAL BETWEEN ONSET AND DEATH 9	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION SHELBYVILLE			COUNTY Mo	STATE
21. I attended the deceased from June 14 1957 to Nov. 9 1957 and last saw him ^{her} alive on Oct 28 - 1957 Death occurred at about 7:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F. G. Weaver M.D.				22b. ADDRESS Shelbyville - Mo		22c. DATE SIGNED Nov 5-57		
23a. BURIAL - CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Nov 5, 1957	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F Shelbyville		23d. LOCATION (City, town, or county) Shelbyville, Mo.		(State)	
24. FUNERAL DIRECTOR Thompson-Greening Shelbyville			25. DATE RECD. BY LOCAL REG. Nov. 6 - 1957		26. REGISTRAR'S SIGNATURE Ada Garrison			

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 *Charles V. Greening*

Licensed Embalmer No. *46*

P. O. Address *Clarens*

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.