

215

Health,  
Welfare  
Public  
ServiceTHE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020303

STATE FILE NUMBER

5106

FILED MAY 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4161 W. Belle</b>		Length of stay in 1b <b>2/19</b>	d. STREET ADDRESS <b>4161 W. Belle</b>
3. NAME OF DECEASED (Type or print) <b>PAULINE LETTIE WOODS</b>		4. DATE OF DEATH Month <b>May</b> Day <b>13</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 26, 1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Matron</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Greyhound Bus</b>	9. AGE (In years last birthday) <b>50</b>
11. BIRTHPLACE (City and state or country) <b>Montgomery City, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Frank R. Bess</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Greeley</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Woods</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-01-3850</b>	17. INFORMANT Address <b>Bertha Foster 4161 W. Belle</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ADENOCARCINOMA OF SIGMOID COLON</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>153.3</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 COUNTY STATE
21. I attended the deceased from <b>JUNE 10, 1954</b> , to <b>MAY 2, 1958</b> and last saw her/him alive on <b>APRIL 23, 1958</b> Death occurred at <b>3:15 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. D. Vermillion, M.D.</i>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>5/13/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipping</b>		23b. DATE <b>5/14/58</b>	23c. NAME OF CEMETERY OR CREMATORY -----
23d. LOCATION (City, town, or county) <b>Montgomery City, Missouri</b>			
24. FUNERAL DIRECTOR <i>C. D. Hoone</i>		25. DATE RECD. BY LOCAL REG. <b>MAY 14 '58</b>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, m.d.</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clarence Croon*

Licensed Embalmer No. *4755*  
P. O. Address *1721 N. 2nd St. N. W.*

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.