Health, Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033778
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): WEST GEORGIA — Length of stay in lb: 16 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1403 S. CAROLINA — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOUISE Middle ISAETTA Last WOODS
4. DATE OF DEATH: Month Sept Day 22 Year 1958

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: AUG. 16. 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): EOLIA MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHARLES CARTER.
13b. MOTHER'S MAIDEN NAME: EDNA MINOR.
14. NAME OF HUSBAND OR WIFE: Wm. Otis WOODS

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.: NONE
17. INFORMANT: Mrs. ROSS HEADY — Address: LOUISIANA. MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia ~~Pyelo-nephritis~~ — INTERVAL BETWEEN ONSET AND DEATH: ~~3 weeks~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of left breast with lung metastasis. — ~~2 yrs +~~
DUE TO (c): ~~Arteriosclerotic cerebral vascular disease~~ — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 170 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year: ------
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to 9/28/58 and last saw her/him alive on 7/29/58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas. H. Lewellen M.D.
22b. ADDRESS: Louisiana, Mo.
22c. DATE SIGNED: 9-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Sept 25-1958
23c. NAME OF CEMETERY OR CREMATORY: RIVERVIEW. CEM.
23d. LOCATION (City, town, or county): LOUISIANA (State): MO

24. FUNERAL DIRECTOR: Collier. FUNERAL SERVICE — ADDRESS: LOUISIANA MO
25. DATE RECD. BY LOCAL REG.: Sept 29. 1958
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAY 19 1960

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 ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.