~ ~	a À 191		<i>2 </i>				/ ^	19		,		STATE	FILE NUM	BER
1	Registration District	No. 🗘 🛴	<u> </u>	Prim	ary Regist	ration Dist	rict No. 60/	Regi	strar's No			JIAIL	7 122 14070	
	1. PLACE OF DEAT	н						11:		E (Where dec	eased live	ed. If insti	tution: R	esidence be
1	a. COUNTY		Ray					a. STA1	Misso	ouri ^{b. co}	YTNUC	Ray		admission)
1	b. CITY (If outsi	de corporate	limits, giv	ve TOWNS	HIP only)		gth of stay in 1b	[] c. CIT	Y		•			Inside Lim
		rick				13	Lfetime	TO					1	Yes 🗆 No
	c. FULL NAME O		-	-	•		Inside Limits	d. ST	REET ORESS	•		give location	1	Reside on F
I _	INSTITUTION	`2 ½ m	iles	SW.	Elk	norn	Yes D NoX	<u> </u>	2호	miles	SW.	Elkh	orn	Yes 💢 No
1-	3. NAME OF DECE	ASED	First	-		Midd	le .	Last		4. DATE	Mo	nth	Day	Year
	(Type or print)		Cla	ude			Woods			OF DEATH	De	c,	28,	196
1 -	5. SEX	6. C	OLOR OR	RACE	7. Mari	ried 🚹	Never Married	8. DATE	OF BIRTHL	9. AGE (last	birthday)		1 YEAR	IF UNDER
ı	Male		Whit		Wido	wed 🔯	Divorced 🗌	8-19	7-188	3 77		Months	∂ ,,,	Hours
1	10a. USUAL OCCUPA				106. KINI	O OF BUSI	NESS OR INDUSTR	Y 11. BIR	THPLACE (C	ity and state o	country)	12. CITIZ	ZEN OF W	HAT COUN
ł	during most of v	working life, ng	even if re	rtired)				Ray	Count	tv. Mo	•	l	USA	
1	13a. FATHER'S NAME				11	зь. мотна	R'S MAIDEN NAM	E		14. 1	IAME OF	HUSBAND O	R WIFE	
	Joseph W	oods		_			na McKis			La	una	Wood	S	
1	15. WAS DECEASED	EVER IN U.				6. SOCIA	L SECURITY NO.	17. INFO	RMANT			Address		
U	(Yes, no, or unknown			uales of s	ervice)	None		Mrs.	Launa	a Wood	s,R;	#1,	Orri	ck, I
: I =	1 10 CAUSE OF D													
	PA	EATH (Enter RT I. DEATI	only one o	cause per	line for (a), (b), and	(c).						INTE	RVAL BETW
	18. CAUSE OF D			cause per NUSED BY: CAUSE (a)	line for (a), (b), and	(c). La ZU.	OLL	lus	ion			ONS	ERVAL BETW SET AND DE
	PA				line for (a), (b), and	ary	مد	lus	ion			ONS	ERVAL BETW SET AND DE
			MEDIATE (CAUSE (a)	line for (a), (b), and	ay	مد	lus	<u>ion</u>			ONS	ERVAL BETW SET AND DE
	Co	IM	MEDIATE		line for (a), (b), and	ary	ou	lus	ion			ONS	ERVAL BETW SET AND DE
	Co wh abi	nditions, if a nich gave rise ove cause ting the und	mediate	CAUSE (a)	line for (a), (b), and	ary	OU	lus	ion			ONS	ERVAL BETW SET AND DE
	Co wh abi sta lyi	nditions, if a nich gave rise ove cause ting the und ng cause I	mediate (CAUSE (a) DUE TO (b) DUE TO (c)	line for (a	S CONTRI	BUTING TO DEAT	O L (lus.	the terminal	PART	ii). If dec	ONS	SET AND DE
	Co wh abi sta lyi	nditions, if a nich gave rise ove cause ting the und ng cause I	MEDIATE (iny,) i to (a), der- ast.	CAUSE (a) DUE TO (b) DUE TO (c	line for (a	S CONTRI	ary	H but not	lus	the terminal	PART	there a	eased w	vas female y in last 90
CATION	Co wh abi sta lyi PA	nditions, if a nich gave rise ove cause ting the und ng cause ! RT !!. OTHI disee	iny, a to (a), der-der-der-der-der-der-der-der-der-der-	CAUSE (a) DUE TO (b) DUE TO (c) FICANT Co)	S CONTRI	BUTING TO DEAT					there a	eased w pregnanc	vas female
CATION	Co wh ab site lyi PA	nditions, if a hich gave rise or cause tring the uning cause I RT II. OTHI diseases	iny, a to (a), der-der-der-der-der-der-der-der-der-der-	CAUSE (a) DUE TO (b) DUE TO (c))	S CONTRI	ary					there a	eased w pregnanc	vas female
CERTIFICATION	Co wh ab state lyi PA 19. WAS AUTOP PERFORMED YES NO	nditions, if a lich gave rise over cause ting the uning cause ! RT II. OTHI disee	MEDIATE (iny, is to (a), deri- asst. ER SIGNIF CCIDENT	DUE TO (b DUE TO (c FICANT Co on given in) DINDITION PART I (S CONTRI	BUTING TO DEAT					there a	eased w pregnanc	vas female
CERTIFICATION	Co wh ab state lyi PA 19. WAS AUTOP PERFORMED YES NO	nditions, if a nich gave rise ove cause ting the uncerting the uncerting the uncertified the control of the con	mediate (a), (a), (der-dast.) ER SIGNIF (see condition)	DUE TO (b DUE TO (c FICANT Co on given in) DINDITION PART I (S CONTRI	BUTING TO DEAT					there a	eased w pregnanc	vas female
CATION	Co wh about the state of the st	nditions, if a nich gave rise ove cause ting the uncomp cause I RT II. OTHI diseases	MEDIATE (iny,) (a), (a),	DUE TO (b DUE TO (c FICANT CO On given in)) DNOITION PART I {	s CONTRI	BUTING TO DEAT	W INJURY (OCCURRED.	(Enter nature o		Yes	eased w pregnanc	vas femala y in last 90 Unif item 18.)
CERTIFICATION	Co wh ab state state par 19. WAS AUTOP PERFORMED' YES ☐ NO 20c. TIME OF INJURY	nditions, if a hich gave rise or cause ing the unding cause ! RT (!. OTHI diseases) RT (!. OTHI diseases) How Man. M. CURRED	MEDIATE (19) (a), a to (a)	DUE TO (b DUE TO (c FICANT CC SUICIDE Year) DIDITION PART I (S CONTRI	BUTING TO DEAT	W INJURY ((Enter nature o		there a	eased w pregnanc	vas female y in last 90
CERTIFICATION	Co wh ab state state par 19. WAS AUTOP PERFORMED' YES ☐ NO 20c. TIME OF INJURY	nditions, if a nich gave rise ove cause ting the uncomp cause I RT II. OTHI diseases	MEDIATE (19) (a), a to (a)	DUE TO (b DUE TO (c FICANT CC SUICIDE Year) DIDITION PART I (S CONTRI	BUTING TO DEAT	W INJURY (OCCURRED.	(Enter nature o	f injury in	Yes	eased w pregnanc	y in last 90
CERTIFICATION	Co wh ab state state par 19. WAS AUTOP PERFORMED' YES ☐ NO 20c. TIME OF INJURY	nditions, if a lich gave rise over cause ting the uning cause ! RT (I. OTHI disease) SY 20a. A P. Mod. P. M. C. M	MEDIATE (19) (19) (19) (19) (19) (19) (19) (19)	DUE TO (b DUE TO (c FICANT CC SUICIDE Year) DIDITION PART I (S CONTRI	BUTING TO DEAT	W INJURY (OCCURRED.	(Enter nature o	f injury in	Yes	eased w pregnanc	vas femala y in last 90 Unif item 18.)
CERTIFICATION	19. WAS AUTOP PERFORMED YES NO NOT WHILE AT V NOT WHILE	nditions, if a lich gave rise over cause ing the unding cause ! IRT II. OTHI diseases SY 20a. A SY 20a. A CURRED VORK AT WORK AT WORK	MEDIATE (19) (19) (19) (19) (19) (19) (19) (19)	DUE TO (b DUE TO (c FICANT CC SUICIDE Year) DIDITION PART I (S CONTRI	BUTING TO DEAT 20b. DESCRIBE HO or about home, ; bldg., etc.)	W INJURY 6	OCCURRED.	(Enter nature o	f injury in	PART I or	ONS eased was pregnance No PART II o	vas female y in last 90 Uni of Item 18.)
CERTIFICATION	19. WAS AUTOP PERFORMED: YES NOT SIMILE AT VIOLE WHILE WH	nditions, if a lich gave rise over cause ing the unding cause ! IRT II. OTHI diseases SY 20a. A SY 20a. A CURRED VORK AT WORK AT WORK	MEDIATE (19) (19) (19) (19) (19) (19) (19) (19)	DUE TO (b DUE TO (c CICANT CC On given in SUICIDE Year PLACE farm, fo	DNDITION A PART I (S CONTRI	BUTING TO DEAT 20b. DESCRIBE HO or about home, ; bldg., etc.)	W INJURY 6	OCCURRED. OWN, OR and d above, an	(Enter nature of	f injury in	PART I or	eased we pregnance N. PART II o	vas female y in last 90 Uni of Item 18.)
MEDICAL CERTIFICATION	19. WAS AUTOP PERFORMED YES NO 20c. TIME OF INJURY OC WHILE AT V NOT WHILE	nditions, if a lich gave rise over cause ing the unding cause ! IRT II. OTHI diseases SY 20a. A SY 20a. A CURRED VORK AT WORK AT WORK	MEDIATE (19) (19) (19) (19) (19) (19) (19) (19)	DUE TO (b DUE TO (c CICANT CC SUICIDE Year PLACE farm, fa	OF INJUR	S CONTRI	BUTING TO DEAT 20b. DESCRIBE HO or about home, ; bldg., etc.)	W INJURY (OCCURRED. OWN, OR and d above, an	(Enter nature of	f injury in	PART I or	eased we pregnance N. PART II o	yas female y in last 90 Un of item 18.)
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MEDICAL CERTIFICATION	19. WAS AUTOP PERFORMED YES NO 20c. TIME OF INJURY OCC WHILE AT V NOT WHILE 21. I attended the Death occurring the court of the court	nditions, if a hich gave rise over cause in the gave rise	MEDIATE (19) (4), (4), (4), (4), (4), (4), (4), (4)	DUE TO (b DUE TO (c FICANT CC SUICIDE Year PLACE farm, for	OF INJUR COF INJUR C	S CONTRI Y (e.g., in let, office NAME OF	BUTING TO DEAT 20b. DESCRIBE HO or about home, including, etc.) , to a m on the community of the communit	e date state 22b. ADDI MATORY	OCCURRED. OWN, OR and d above, an RESS 23 R	(Enter nature of LOCATION less saw her add to the best of LOCATION ay Cou	f injury in	COUNTY	ons eased we pregnance N: PART II o	ses stated.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed b
or by	, Student Embalmer No
working under my personal supervision.	Signe Shomas J. Carter
Signature of Student Embalmer	Licensed Embalmer No. 11171
	P. O. Address Richmond, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co. 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.