MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-036254
STATE FILE NUMBER

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 54

FILED OCT 17 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b: 4 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunn Boarding Home — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First LUELLA Middle Last WOODS
4. DATE OF DEATH: Month Sept. Day 19, Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-10-1872
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home maker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Scotland Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John T. Donaldson
13b. MOTHER'S MAIDEN NAME: Nancy Orr
14. NAME OF HUSBAND OR WIFE: Stacey Woods
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Roy Woods — Address: Memphis, 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): Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cancer of left Breast
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Nov 5th 1959, to 9-19-61 and last saw her/him alive on 9-19-61
Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S H Channing DO.
22b. ADDRESS: Kahoka Mo
22c. DATE SIGNED: 9-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-22-1961
23c. NAME OF CEMETERY OR CREMATORY: Camp Ground
23d. LOCATION (City, town, or county) (State): Scotland Co. Mo.

24. FUNERAL DIRECTOR: H. W. Payne & Sons — ADDRESS: Memphis, Mo.
25. DATE RECD. BY LOCAL REG.: 10/9-61
26. REGISTRAR'S SIGNATURE: J H Bridges

(Licensed Embalmer's Statement on Reverse Side)

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo.

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.