

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27918

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 167

**1. PLACE OF DEATH:**

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Noyes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

In this community 2 weeks  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Michigan County Wayne

(c) City or town Detroit  
(If outside city or town limits, write "RURAL")

(d) Street No. Noyes Hospital  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

**3. (a) PRINT FULL NAME** Hubert Woodworth

**3. (b) If veteran,**  name war

**3. (c) Social Security No.** 213

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 8 day 8  
year 1940 hour 1:52 minute evening

**21. I hereby certify that I attended the deceased from** 8/8  
8/8, 1940, to 8/9, 1940  
that I last saw him alive on 8/7, 1940  
and that death occurred on the date and hour stated above.

**4. Sex** Male

**5. Color or race** W.

**6. (a) Single, widowed, married, divorced** Single

**6. (b) Name of husband or wife**

**6. (c) Age of husband or wife if alive** ✓ years

**7. Birth date of deceased** 8- 9 1932  
(Month) (Day) (Year)

**Immediate cause of death**  
acute Polycytemia  
bulbar type involving  
face tongue neck &  
respiratory muscles

**Due to** face tongue neck & respiratory muscles

**Due to**

**Duration** 2 day

**PHYSICIAN** ✓

Underline the cause to which death should be charged statistically.

**8. AGE:** Years 7 Months 10 Days 29  
If less than one day hr. min.

**9. Birthplace** Louisville Ky.  
(City, town, or county) (State or foreign country)

**Other conditions** Pneumonia (Bub.)  
(Include pregnancy within 3 months of death)

**Major findings** Enlarged Thyroid (40 gms)

**Of operations**

**Of autopsy** yes

**10. Usual occupation** at home

**11. Industry or business** ✓

**12. Name** Hubert P Woodworth

**13. Birthplace** Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Ann Fegenbutz

**15. Birthplace** Louisville Ky.  
(City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74

**23. Signature** [Signature] (M. D. or other) 74  
Address 205 Exchange Bldg Date signed 8/9/40

**16. (a) Informant** Hubert P. Woodworth

**(b) Address** Detroit, Mich.

**17. (a) Burial, cremation, or removal** burial **(b) Date thereof** 8-11-40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Memorial Park

**18. (a) Signature of funeral director** Porters, MW

**(b) Address** Columbia, Mo

**19. (a) 8/9/40** **(b) Allice Selby**  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3  
4

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*M. W. Philbrick*

Licensed Embalmer No. 3893

P. O. Address Calumpia, 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 this body is not embalmed, above space should be left blank.**