

FILED FEB 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5672

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton	c. LENGTH OF STAY (In this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton	7508
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MARY	b. (Middle) LUETTA	c. (Last) WOODRING	(Month) FEB	(Day) 7	(Year) 1949

5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAR. 7 1864	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				84	11	Months Days 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	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME LEO MITTCHAI	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JAMES S. WOODRING
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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.	17. INFORMANT'S SIGNATURE OR NAME B. S. Woodring	ADDRESS Alton Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Flu with a heart issue		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 4, 1949**, to **Feb 6, 1949**, that I last saw the deceased alive on **Feb 6, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. William E. ...	(Degree or title)	23b. ADDRESS Alton Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb. 8, 1949	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Alton Mo.
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DATE REC'D BY LOCAL REG. Feb 14 - 49	REGISTRAR'S SIGNATURE Mrs W C Johnson	25. FUNERAL DIRECTOR'S SIGNATURE John Q. Clary	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~Date Filed 2-2-49~~
~~District File Number 249157~~
District Health Officer No. 5
RECEIVED 2-21-49

This body was not embalmed.

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
Student Embalmer

Signed *John Q. Clary*
Licensed Embalmer No. *4475*
P. O. Address *Box 398 Altam, 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, fact should be so stated above.