

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9060

State File No. ....

BIRTH NO. .... REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT Vernon Rural</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 Mt Vernon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>F.</u> c. (Last) <u>Woodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1949</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 23 1856</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard Woodson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mura Woodson</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Billie Woodson</u> ADDRESS <u>Mt Vernon Mo.</u>
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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 <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1st, 1949, to Feb 4, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at  m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. James M.D.</u>	23b. ADDRESS <u>Mt Vernon</u>	23c. DATE SIGNED <u>Feb. 6 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 6 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rt 2 Mt Vernon Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-1-49</u>	REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Tossitt</u> ADDRESS <u>Mt Vernon Mo.</u>
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59K (Licensed Embalmer's Statement on Reverse Side)

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

5500

RECEIVED

District Health Officer No. 6;

District File Number 449-386

Date Filed 4-6-49

- ps 3

*[Faint, mostly illegible handwritten notes and signatures]*

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Wethersville, 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.