

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11613

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>412</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>403 Thompson Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Artie</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Wooden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 11, 1883</u>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>65 5 0</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Wooden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thelma Wooden 403 Thompson Ave St. Joseph Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Bronchopneumonia</u> <u>Atherosclerotic Heart Disease</u> <u>Atherosclerotic Kidney Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> <u>10 yrs.</u> <u>2 days.</u> <u>5 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) (Min.)		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 <u>March 21, 1949</u> , to <u>April 12, 1949</u> , that I last saw the deceased alive on <u>April 12, 1949</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Albert H. Almada M.D.</u>				23b. ADDRESS <u>State Hospital #2, St. Joseph Mo</u>		23c. DATE SIGNED <u>4/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/14/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Braymer</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 15, 1949</u>		REGISTRAR'S SIGNATURE <u>G. C. Jenkins</u>		38d. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>		ADDRESS <u>St. Joseph Mo</u>	

APR 21 1949

APR 21 1949

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, ~~only~~.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address: St. Joseph, M.

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.