

FILED JUN 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15258

223

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

BIRTH NO. 124 REG. DIST. NO. 4119 PRIMARY REG. DIST. NO. 4119 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Ozark Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Ozark Mo.</i>	
c. LENGTH OF STAY (In this place) <i>53 years</i>		d. STREET ADDRESS (If rural, give location) <i>No. street number</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED a. (First) <i>Rex</i> (Type or Print)		b. (Middle) <i>H.</i>	
c. (Last) <i>Woody</i>		4. DATE OF DEATH (Month) <i>April</i> (Day) <i>29</i> (Year) <i>1949</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 17, 1896</i>
9. AGE (In years last birthday) <i>53</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hay Laborer</i>	11. BIRTHPLACE (State or foreign country) <i>Christian County Mo</i>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <i>Charley Woody</i>	
13b. MOTHER'S MAIDEN NAME <i>Belle Robertson</i>		14. NAME OF HUSBAND OR WIFE <i>Gusta Woody</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <i>yes World War I</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Gusta Woody</i>		ADDRESS <i>Ozark Mo</i>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Circulatory Failure</i>		<i>Sudden</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Atherosclerosis with myocardial infarction</i>			
DUE TO (c) <i>Cardiac asthma</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cardiac asthma</i>		<i>1/201</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <i>10/1</i> 1949, to <i>4/29</i> 1949, that I last saw the deceased alive on <i>Apr 27</i> , 1949, and that death occurred at <i>4:00</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Vincent P. Mc Cormick D.O.</i>		23b. ADDRESS <i>Ozark, Mo</i>	
23c. DATE SIGNED <i>5/4/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 2, 49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Ozark Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>City of Ozark Mo</i>	
DATE REC'D BY LOCAL REG. <i>June 1 1949</i>		REGISTRAR'S SIGNATURE <i>Leslie M. Leonard</i>	
54		25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i>	
		ADDRESS <i>Ozark Mo</i>	

RECEIVED

District Health Officer No. 6;

District File Number 649-665

Date Filed 6-13-49

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.