

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20429

State File No.

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4395 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville Mo</u>	
c. LENGTH OF STAY (in this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location) <u>Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>NORA</u>	a. (First)	b. (Middle) <u>MARY</u>	c. (Last) <u>WOODS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-15-49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-23-1876</u>	9. AGE (In years last birthday) <u>73</u>	if UNDER 1 YEAR Days <u>9</u>	if UNDER 2 Hrs. Hours <u>13</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Wilson McDonald</u>	13b. MOTHER'S MAIDEN NAME <u>May Jane Mooney</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Carter Woods</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orville McClenow</u>	ADDRESS <u>Gainesville Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>3 mo</u>
<p>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>1201</u>

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)
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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?
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22. I hereby certify that I attended the deceased from 1941, to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 4:38 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Soereman D.D.</u>	23b. ADDRESS <u>Gainesville Mo</u>	23c. DATE SIGNED <u>6-17-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gainesville, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Gainesville Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-16-49</u>	REGISTRAR'S SIGNATURE <u>William Egwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blinkinghard Funeral Home</u>	ADDRESS <u>Gainesville Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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