

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20251

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 305

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | |
| c. LENGTH OF STAY (In this place) 1 Year | | d. STREET ADDRESS (If rural, give location) 610 Selma | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) B. c. (Last) Woodson | | | 4. DATE OF DEATH (Month) (Day) (Year) 8* 11-1949 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 21, 1880 |
| 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 7 Days 20 | IF UNDER 24 HRS. Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10b. KIND OF BUSINESS OR INDUSTRY Unk. | 11. BIRTHPLACE (State or foreign country) Troy Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE Hazel Woodson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk. | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Woodson | |
| 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. | | 17. ADDRESS 610 Selma | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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. | | 331X | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | 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>10 May, 1949</u> , to <u>11 August, 1949</u> , that I last saw the deceased alive on <u>11 Aug, 1949</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. W. McPheters, Jr. M.D. | | 23b. ADDRESS Poplar Bluff, Mo. | 23c. DATE SIGNED 8/12/49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8-13-49 | 24c. NAME OF CEMETERY OR CREMATORY ity | 24d. LOCATION (City, town, or county) (State) Poplar Bluff Missouri |
| DATE REC'D BY LOCAL REG. Aug 18, 1949 | REGISTRAR'S SIGNATURE Wm. H. Johnson | 428 | 25. FUNERAL DIRECTOR'S SIGNATURE Frank Sobell |
| | | ADDRESS Poplar Bluff, Mo. | |

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

Wm. H. Johnson

REG 24 REG'D

849-238

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

SEP 6 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Scott A. Coakley

Licensed Embalmer No.

3567

P. O. Address

Poplar Bluff, 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.