U.S. No. 300
Rev. 10-48

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29980

State File No. .....

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BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TRENTON
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CULLERS HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TRENTON
d. STREET ADDRESS (If rural, give location) 434 West 2nd St

3. NAME OF DECEASED (Type or Print)
a. (First) BERTHA
b. (Middle) E.
c. (Last) WOODS

4. DATE OF DEATH (Month) (Day) (Year) 9-22-49

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept 24, 1881
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 11 Days 28 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Laredo, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Chrisman
13b. MOTHER'S MAIDEN NAME Miranda Dudley
14. NAME OF HUSBAND OR WIFE Sherman Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS X Mrs Arlis Cox, Independence, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary + Glandular
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) tuberculous
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
2 Y

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:10 P. m., from the causes and on the date stated above.*

23a. SIGNATURE J. Mason (Degree or title)
23b. ADDRESS Trenton Mo
23c. DATE SIGNED 9/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-25-49
24c. NAME OF CEMETERY OR CREMATORY Laredo Cemetery
24d. LOCATION (City, town, or county) (State) Laredo Mo.

DATE REC'D BY LOCAL REG. 9-24-49
REGISTRAR'S SIGNATURE Irene Tow 115
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond A Damm Trenton MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 30 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Myself Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Raymond A. Dawson

Licensed Embalmer No. 3424

P. O. Address Trenton 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.