

FILED DEC 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. **36586**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **5207** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Tina, 6 miles west.</b>		c. LENGTH OF STAY (in this place) <b>68</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Tina.</b>		d. STREET ADDRESS (If rural, give location) <b>RFD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Sec. 21 Hill Twp.</b>		3. NAME OF DECEASED a. (First) <b>HUMPHREY</b> b. (Middle) _____ c. (Last) <b>WOODEN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27, 1949</b>	5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Apr. 13, 1881</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>14</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Carroll County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Francis M. Wooden</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah E. Rockhold</b>	14. NAME OF HUSBAND OR WIFE <b>Jessie Wooden,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lester Trussell Tina, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>0.5</b> <b>2.5</b> <b>4.0</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> <b>Anterior</b> <b>due to</b> (b) <b>hypertension</b> <b>heart</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 **Nov 2**, 1949, to **Nov 27**, 1949, that I last saw the deceased alive on **Nov 26**, 1949, and that death occurred at **9** a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. W. Webb, M.D.</b>	23b. ADDRESS <b>Blue Mound, Mo 11-29-49</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 29, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Mound</b>
24d. LOCATION (City, town, or county) (State) <b>Blue Mound, Missouri.</b>		

DATE REC'D BY LOCAL REG. <b>Nov. 29, 1949</b>	REGISTRAR'S SIGNATURE <b>Mrs Rex Henderson</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin, Tina, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

17  
9

**RECEIVED**

District Health Officer No. 8,

District File Number

Date Filed 12-10-89

**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

*Clifford W Austin*

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.