

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38022

State File No.

FILED DEC 10 1949

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp.</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island Twp.</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mile South East Prairie.</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMEDA</u> b. (Middle) _____ c. (Last) <u>LOVE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 18, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>23</u>	IF UNDER 2 HRS. Hours <u></u>	IF UNDER 15 MIN. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Birdsong, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Lane Woods</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Charley Woods</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Woods</u>		ADDRESS <u>East Prairie, Mo.</u>
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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) <u>Carcinoma of stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>151A</u>
	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.			

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) (Min.)	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 Nov 1st, 1949, to 11/11, 1949, that I last saw the deceased alive on 11/11, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Martin MD.</u>	(Degree or title)	23b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>11/29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakgrove</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 1, 1949</u>	REGISTRAR'S SIGNATURE <u>Anna Berger</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Walter Travis Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 RE

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed **DEC** 9 - 19

DEC 10 1946

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

Travis Shelby

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, 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.