No. 300
10-48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16586

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4226 Registrar's No. 36

0440

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 605 1/2 North 11th

3. NAME OF DECEASED (Type or Print)
a. (First): Wilber
b. (Middle): Clarence
c. (Last): Woodring

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 16, 1906
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Clerk
10b. KIND OF BUSINESS OR INDUSTRY: In grocery store
11. BIRTHPLACE (State or foreign country): Corning, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Allie L. Woodring
13b. MOTHER'S MAIDEN NAME: Christina A. Peters
14. NAME OF ~~HUSBAND OR~~ WIFE: Dorothy I. Woodring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 486-03-6814
17. INFORMANT'S SIGNATURE OR NAME: Dorothy Woodring — ADDRESS: 605 1/2 North 11th St Joseph, 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): CARCINOM OF GALL BLADDER — INTERVAL BETWEEN ONSET AND DEATH: 3 MO.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): URINARY RETENTION DUE TO STRICTURE OF MEATUS — 8 HOURS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 155X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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* x x, 19__, *to* x x, 19__, *that I last saw the deceased alive on* x, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Collins, D.O. 3 Coroner Holt Co. Oregon, Mo.
23b. ADDRESS
23c. DATE SIGNED: APR. 26 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 28, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope
24d. LOCATION (City, town, or county) (State): Corning, Mo.

DATE REC'D BY LOCAL REG.: 6-27-50
REGISTRAR'S SIGNATURE: [signature] 122
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wilber L. Schooler - Craig, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
28
DISTRICT
HEALTH OFFICE
CAMERON, MO.

JUN 2 1950

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 Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, 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.