

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23131
State File No. 27
Registrar's No. 27

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEELVILLE</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>()</u>	
3. NAME OF DECEASED a. (First) <u>JESSE</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>WOODS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-2-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-19-1888</u>
9. AGE (In years last birthday) <u>61</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>LEASBURG, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>JAMES H. WOODS</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH FARRAR</u>		14. NAME OF HUSBAND OR WIFE <u>CLYDE WOODS</u>	
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 ADDRESS <u>MRS. CLYDE WOODS, STEELVILLE, MO.</u>			
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>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>3 yrs.</u> <u>4222</u>	
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 <u>April</u> , 19 <u>44</u> , to <u>Aug</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 2</u> , 19 <u>50</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm A Robey</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Steelville Mo</u>	
23c. DATE SIGNED <u>8/7/50</u>		24. LOCATION (City, town, or county) (State) <u>STEELVILLE, MO.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-4-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BUTTS, MO.</u>
DATE REC'D BY LOCAL REG. <u>8-8-50</u>	REGISTRAR'S SIGNATURE <u>W. K. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>THOMAS S. HALBERT</u>	ADDRESS <u>STEELVILLE, MO.</u>

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

RECEIVED

AUG 12 1950

DISTRICT HEALTH OFFICE No. 4

File No.

AUG 16 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student-Embalmer

Signed

Thomas S. Halburk

Licensed Embalmer No. 4332

P. O. Address Steubenville, 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.