

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26138

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 915

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 403 Thompson St.		d. STREET ADDRESS (If rural, give location) 403 Thompson St.	

3. NAME OF DECEASED (Type or Print) a. (First) THELMA b. (Middle) N c. (Last) WOODEN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 7, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8, 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 2	IF UNDER 4 HRS. Days 29	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Creston, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Artie M. Wooden
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lowell Henry	ADDRESS 403 Thompson St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinoma		INTERVAL BETWEEN ONSET AND DEATH. 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of rectum and descending colon		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			154X

19a. DATE OF OPERATION Dec 1947	19b. MAJOR FINDINGS OF OPERATION Mar 1948 Carcinoma colon + rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Dec 27, 1947, to Aug 7, 1950, that I last saw the deceased alive on Aug 5, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. B. Jenkins M.D.	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 8.8.50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 9, 1950	24c. NAME OF CEMETERY OR CREMATOR Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Aug 12, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Emma Clark	ADDRESS 120 Illinois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Gene A. Clark

Licensed Embalmer No. _____

1238

P. O. Address _____

St. Joseph 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.