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

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26843

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orrick, Mo. 0890
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Rhodus
b. (Middle): Walker
c. (Last): Woods

4. DATE OF DEATH (Month) July (Day) 14 (Year) 50

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 21, 1880
9. AGE (In years last birthday): 69 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Woods
13b. MOTHER'S MAIDEN NAME: Eliza McKissack
14. NAME OF HUSBAND OR WIFE: Nora Gaines -Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-20-8224
17. INFORMANT'S SIGNATURE OR NAME: Farris Woods — ADDRESS: Richmond, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio-Sclerosis
DUE TO (c)

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

331 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ 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* July 10, 19 50, *to* July 14, 19 50 *that I last saw the deceased alive on* July 14, 1950, *and that death occurred at* 6 P m. *from the causes and on the date stated above.*

23a. SIGNATURE: E. E. Fay (Degree or title) MD
23b. ADDRESS: Richmond
23c. DATE SIGNED: 7-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: July 16, 50
24c. NAME OF CEMETERY OR CREMATORY: O'Dell Cemetery
24d. LOCATION (City, town, or county) (State): 10 Mi. N of Orrick, Mo.

DATE REC'D BY LOCAL REG.: 7/16/50
REGISTRAR'S SIGNATURE: Caroline Hutchings 62
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Good — ADDRESS: Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 7 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Self

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Victor E. Irminger

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.