

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

275731

BIRTH NO. <u>50914-50</u>		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>5778</u>		Registrar's No. <u>11-50</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Henley, rural</u>		c. LENGTH OF STAY (In this place) <u>1.60</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Henley (rural) Henley</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural: give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Woodrow</u>		b. (Middle) <u>Wilson</u>		c. (Last) <u>Anderson Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>		8. DATE OF BIRTH <u>Aug. 14, 1950</u>		9. AGE (In years) (last birthday) Months Days Hours Min. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tusculumbia, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Woodrow Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille</u>		14. NAME OF HUSBAND OR WIFE <u>Robinet</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow Anderson Henley, Mo.</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</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. <u>7630</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
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. <u>21</u>		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 <u>8-14-50</u> , 19 <u>50</u> , to <u>8-21-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-20-50</u> , 19 <u>50</u> , and that death occurred at <u>2:41</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>				23b. ADDRESS <u>25 Tusculumbia, Mo.</u>		23c. DATE SIGNED <u>8-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Henley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Henley Mo.</u>	
DATE REC'D BY LOCAL REG. <u>August 22, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>391</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 21 1950
SHELLEN COUNTY HEALTH
DEPARTMENT

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.