FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34173

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Wolf Island Twp.
c. LENGTH OF STAY (In this place): 17 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 mi. S.E. of East Prairie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Wolf Island Twp. 0670
d. STREET ADDRESS (If rural, give location): Mi S.E. of East Prairie

3. NAME OF DECEASED (Type or Print): a. (First) IRMA b. (Middle) LEE c. (Last) WOODS

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1950

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: May 14, 1949
9. AGE (In years last birthday): 1 — If under 1 year: Months 17, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Miss. Co., Mo. 05
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Charlie Woods
13b. MOTHER'S MAIDEN NAME: Heneritta Spillars
14. NAME OF HUSBAND OR WIFE: —

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.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Charlie Woods - East Prairie, 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) Infection from Burns — INTERVAL BETWEEN ONSET AND DEATH

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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 069
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unk
21c. (CITY, TOWN, OR TOWNSHIP) Wolf Island Twp. (COUNTY) Miss. (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): unk m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? unk

22. *I hereby certify that I attended the deceased from* Oct. 22, 1950, *to* Oct. 22, 1950, *that I last saw the deceased alive on* Oct. 22, 1950, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. J. Martin (Degree or title) M.D.
23b. ADDRESS: East Prairie Mo.
23c. DATE SIGNED: 10-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 24, 1950
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Charleston Mo.

DATE REC'D BY LOCAL REG.: 10-28-50
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Davis Shelby, East Prairie

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 R
RECEIVED
Miss. Co. Health
County File No.___
Date Filed NOV 3

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.