

FILED NOV 21 1950

THE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

37840

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Versailles</u>) c. LENGTH OF STAY (in this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Versailles</u> <u>0718</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) Allie b. (Middle) Woods c. (Last) Woods 4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH July 1, 1883 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 4 Days 13 IF UNDER 24 HRS. Hours 13 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Versailles, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Woods 13b. MOTHER'S MAIDEN NAME Hanna Parks 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 493-28-8308 17. INFORMANT'S SIGNATURE OR NAME Ross Woods ADDRESS Versailles, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerular Nephritis INTERVAL BETWEEN ONSET AND DEATH 6 mos

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. Degenerative heart 593X 6 months

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 June 1, 1950, to Nov 14, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Gunn M.D. U 23b. ADDRESS Versailles Mo 23c. DATE SIGNED 11/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 16-50 24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery 24d. LOCATION (City, town, or county) (State) Versailles, Mo.

DATE REC'D BY LOCAL REG. Nov 18-1950 REGISTRAR'S SIGNATURE J. L. Washburn 25. FUNERAL DIRECTOR'S SIGNATURE M. F. Redwell ADDRESS Versailles, Mo.

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

0710

RECEIVED 11/20/57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11/20/57

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 Raymond C. Forber
Licensed Embalmer No. 4626

P. O. Address Versailles, 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.