

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37858

0720

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Como Township c. LENGTH OF STAY (in this place) 10 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Como Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1/2 mi. west of Catron		d. STREET ADDRESS (If rural, give location) 1/2 mi. west of Catron	
3. NAME OF DECEASED (Type or Print) William Woods a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) NOV. 20, 1950
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Jan. 31, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 48 HRS.: Hours _____ Min. _____
11a. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Rosevelt West		ADDRESS Catron, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decomp ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		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 Nov 1, 1950 , to Nov. 20, 1950 , that I last saw the deceased alive on Nov. 1, 1950 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. Geo. W. Rustad M.D.		23b. ADDRESS Parma Mo	
23c. DATE SIGNED 11/24/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1950	
24c. NAME OF CEMETERY OR CREMATORY Catron		24d. LOCATION (City, town, or county) (State) Catron Mo.	
DATE REC'D BY LOCAL REG. 11-25-50		REGISTRAR'S SIGNATURE Dr. Geo. W. Rustad M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Walter Funeral Service		ADDRESS Parma Mo	

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

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No.

..... No.

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.

Signed Walter Marsh Walker

Signed.....
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Septer 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.