

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1794

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY MC DONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MC DONALD	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-PINEVILLE		c. CITY (If outside corporate limits, write RURAL and give township) ANDERSON-RURAL	
c. LENGTH OF STAY (in this place) 8 yds		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print)	a. (First) MYRTLE	b. (Middle) IVA	c. (Last) WOODFILL	4. DATE OF DEATH (Month) (Day) (Year) 1-22-1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 9-22-1887	9. AGE (In years last birthday) 63	if UNDER 1 YEAR Months 4	if UNDER 24 HRS. Days 0	if UNDER 4 HRS. Hours 0	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME NOAH-SIMPSON	13b. MOTHER'S MAIDEN NAME SARAH-CULLTER	14. NAME OF HUSBAND OR WIFE HARRY J. WOODFILL
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Mark Woodfill, Indiana, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach		INTERVAL BETWEEN ONSET AND DEATH 2 yr? 16 yr. 15 yr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid arthritis		
	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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 4, 1951, to Jan 22, 1951, that I last saw the deceased alive on Jan 20, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE Scott B. ... (Degree or title)	23b. ADDRESS ... Pineville Mo.	23c. DATE SIGNED 1/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-23-51	24c. NAME OF CEMETERY OR CREMATORY Tracy	24d. LOCATION (City, town, or county) (State) Anderson Mo.
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DATE REC'D BY LOCAL REG. 1-23-51	REGISTRAR'S SIGNATURE Maxwell Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey	ADDRESS Pineville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

3600

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 5 1951

Dist. File 251-313

Date Filed 2-6-51

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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, 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.