

FILED FEB 23 1951
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3669

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Clair
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisville
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Sullivan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harris
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) William b. (Middle) _____ c. (Last) Woods

4. DATE OF DEATH (Month) (Day) (Year) 2-12-51

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 4-7-1887

9. AGE (In years last birthday) 93 10. 10 11. 9 12. 5 13. 5 14. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Stubenville Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wm. Wood

13b. MOTHER'S MAIDEN NAME Elizabeth

14. NAME OF HUSBAND OR WIFE Mary Richards - dead

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 ADDRESS Mrs Leonard Kane - Bettendorf, Ia.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition and Starvation
ANTECEDENT CAUSES:
DUE TO (b) Esophageal spasm
DUE TO (c) Esophageal carcinoma
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

INTERVAL BETWEEN ONSET AND DEATH
5 days
7 days
unknown
unknown

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 150X

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) _____

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 2-5, 1951, to 2/12, 1951, that I last saw the deceased alive on 2/12, 1951, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE Carex John (Degree or title) D.O.

23b. ADDRESS Rt. 2 Kirkwood, Mo.

23c. DATE SIGNED 2-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-14-51

24c. NAME OF CEMETERY OR CREMATORY Harris Cem.

24d. LOCATION (City, town, or county) (State) Harris Mo

DATE REC'D BY LOCAL REG. 2-20-51 REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schoene Funeral Dir. Mulan Mo.

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

Date Received: FEB 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-57-438
Date Filed: FEB 26 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Dwight Schocrie

Signed.....

Student Embalmer

Licensed Embalmer No. *2667*

P. O. Address. *Wilder - 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.