

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3930**

FILED MAR 3 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4054 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rushville (Town)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rushville,	
c. LENGTH OF STAY (In this place) Life		0119	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delivery		d. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE	b. (Middle) MAY	c. (Last) WOODS	4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-25-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years) (In years) 69 (If under 1 year) (Months) (If under 12 mos.) (Days) (Hours) (Min.)
11. BIRTHPLACE (State or foreign country) Rushville, Missouri			12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Richard Jones	13b. MOTHER'S MAIDEN NAME Martha Harvey	14. NAME OF HUSBAND OR WIFE William Woods (de)
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 Mrs. Robt. Hurst, Rushville, Mo. ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH 151X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma of the Stomach		
	ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan. 8, 1951, to Feb. 25, 1951, that I last saw the deceased alive on Feb. 25, 1951, and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Robert Hurst</i> (Degree or title) D.O.	23b. ADDRESS 823 Faraon St. Joseph, Mo.	23c. DATE SIGNED 2-26-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-1951	24c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery
		24d. LOCATION (City, town, or county) (State) Rushville, Mo.

DATE REC'D BY LOCAL REG. Feb 27, 1951	REGISTRAR'S SIGNATURE <i>Carl C. Costello</i>	EMERALD DIRECTOR'S SIGNATURE <i>John E. ...</i>	ADDRESS Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
John E. Repp
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.