

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

4593

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5513 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton, Leesville Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton, Rural #2 Leesville</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give township) <u>RR # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		0429	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 6, 1872</u>
9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>John Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Cordell</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Billard Woods</u> ADDRESS <u>Clinton RR #2</u>	
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) <u>Per moray Edema</u> ANTECEDENT CAUSES <u>Cardio-Vascular-Renal</u> 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.  INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>442x</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	
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 <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 <u>May 1944</u> , to <u>2/15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/15</u> , 19 <u>57</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. C. Peeler M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>2/17/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/19/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Passy Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Clinton Mo RR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Connelley</u> ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb-19-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u> ADDRESS <u>1422</u>	

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

0420

**RECEIVED** *2-26-51*  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Recd *2-26-51* \_\_\_\_\_

**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 *J. E. Conner* \_\_\_\_\_

Licensed Embalmer No. *1891* \_\_\_\_\_

P. O. Address *Hyattsville Md* \_\_\_\_\_

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.