

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5645

0840

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

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5982		Registrar's No. 33			
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hope-Mooney</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OF TOWN <u>Pleasant Hope-Mooney</u>		D 2411			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Miles S. E. Pleasant Hope</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles S. E. Pleasant Hope</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Woodmancee</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 25 1894</u>			
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>6</u>		11. DAYS <u>21</u>		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTH PLACE (State or foreign country) <u>Knobsville Tenn</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Clarence Woodmann</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Taylor</u>		13c. NAME OF HUSBAND OR WIFE <u>Hazel Woodmancee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-12-6257</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Woodmancee</u> ADDRESS <u>Polk Co. Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>49201</u>	
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Polk County Coroner</u>				23b. ADDRESS <u>Bolivar, Mo.</u>		23c. DATE SIGNED <u>2-17-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Van, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>March 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>258 [Signature]</u>		ADDRESS <u>B. Quinn Pleasant Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

872

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

RECEIVED MAR 12 1951

Dist. File 357-525

Date Filed 3-12-51

APR 6 1951

MAR 14 1951

EMBALMER  
MAR 13 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.....  
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Polina, 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.