

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9780

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY OR TOWN <b>Bonne Terre Mo</b>	c. LENGTH OF STAY (in this place) <b>1 Wk.</b>	c. CITY OR TOWN <b>Farmington Route 2</b>	0940 ^
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Near Doe Run</b>	

3. NAME OF DECEASED (Type or Print) <b>Frank Woods</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1951</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-19-1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days <b>11</b>	IF UNDER 24 HRS. Hours Min. <b>5 da</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>
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13a. FATHER'S NAME <b>George Woods</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Woods</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-16-3688</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Stella Woods</b>	Mo. ADDRESS <b>Farmington Rt. 2</b>
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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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>One month</b>
	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 3-21, 1951, to 3-24, 1951, that I last saw the deceased alive on 3-23, 1951, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Knotts, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Farmington, Mo.</b>	23c. DATE SIGNED <b>3-30-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-27-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>	24d. LOCATION (City, town, or county) (State) <b>St. Genevieve Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 31, 1951</b>	REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Boyer</b>	ADDRESS <b>San Delege</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 9 1951  
RECEIVED

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 B. T. Boyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 3660

P. O. Address St. Louis, 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.