

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12138

0350

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>10</u> <u>yo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett, Mo.</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kennett Route #3</u>				d. STREET ADDRESS (If rural, give location) <u>Route #3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LuElla</u>		b. (Middle) <u>LuJane</u>		c. (Last) <u>Woods</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>April</u>		<u>13</u>		<u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 5, 1899</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 1 YEAR Days <u>8</u>		IF UNDER 1 YEAR Hours <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>J. A. Hart</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>J. M. Woods</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Woods Neeville, Mo</u>				ADDRESS <u>R#1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Rheumatic valvular Heart Dis</u>				<u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic glomerulonephritis</u>				<u>1 year</u>	
		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 <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>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>444X</u>	
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>Mar 6</u> , 19 <u>50</u> , to <u>April</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 4</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u>				23b. ADDRESS <u>201 College Kennett, Mo</u>		23c. DATE SIGNED <u>16 April 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial 4-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>4-17-51</u>		REGISTRAR'S SIGNATURE <u>Karl Husband</u>		90		25. FEDERAL DIRECTOR'S SIGNATURE <u>Lutz Service Kennett, Mo</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-20-51

COUNTY FILE NUMBER 451-113

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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

*Edgar Fred Ford*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4433

P. O. Address Kennett 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.