

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12237

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

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 338			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 18 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: S.1 Campbell Township 0390		d. STREET ADDRESS (If rural, give location) Route 8, Box 438			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) Olive			b. (Middle) Woods		c. (Last) Ferguson		4. DATE OF DEATH (Month) (Day) (Year) April 15, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 18, 1889		9. AGE (In years last birthday) 61 If under 1 year: Months Days If under 1 week: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY HOME			11. BIRTHPLACE (State or foreign country) Chamois, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joshua Woods			13b. MOTHER'S MAIDEN NAME Diana Wilhite			14. NAME OF HUSBAND OR WIFE -----			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Catherine England, Springfield, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia Secondary</u> ANTECEDENT CAUSES <u>To Hypertensive Encephalopathy</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (b) <u>Disease</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Jaryoiditis, Resound</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 yrs?</u> <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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>443X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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>6-8, 1950</u> , to <u>4-15, 1951</u> , that I last saw the deceased alive on <u>4-15, 1951</u> , and that death occurred at <u>11:20A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Dail, M.D.</u> (Degree or title)				23b. ADDRESS <u>609 Cherry</u>		23c. DATE SIGNED <u>4/16/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlanw Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-17-51</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyers, Springfield, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

Parks

JUL 30 1997

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 *Bernard F. Wright*

Licensed Embalmer No. *4293*

P. O. Address *Springfield, 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.