

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13306

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt (Rural)</u> <u>0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delivery</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorene</u> b. (Middle) _____ c. (Last) <u>Woody</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1951</u>
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(baby)</u> <u>1</u>	8. DATE OF BIRTH <u>Dec. 21, 1950</u>
9. AGE (In years last birthday) _____ Months <u>3</u> Years <u>10</u> If under 24 hrs. Hours _____ Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Wyatt, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben Woody</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Cole</u>	
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) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Woody, Gen. Del. Wyatt, Missouri</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES 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.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>491X</u>	
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 <u>3/31, 1951</u> to <u>3/31, 1951</u> , that I last saw the deceased alive on <u>3/31, 1951</u> , and that death occurred at <u>8:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>T. P. Linton, D.O.</u> (Degree or title)		23b. ADDRESS <u>Wyatt, Mo</u>	
23c. DATE SIGNED <u>4/2/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		DATE REC'D BY LOCAL REG. <u>4-3-51</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Ray Kilgore</u> <u>439</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. D. Sparks</u> ADDRESS <u>Charleston, Mo.</u>	

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

5670

APR 12 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 3458

P. O. Address Cape Girardeau

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.