No. 300
10.48

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20549

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO 2001 Registrar's No. 304

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JOPLIN c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin 0495
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location) 1607 BYERS.

3. NAME OF DECEASED (Type or Print) a. (First) Wm b. (Middle) CLAUDE c. (Last) WOODWORTH.			4. DATE OF DEATH (Month) (Day) (Year) 6-26-51
5. SEX MALE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH 9-12-1875
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLDG. ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY.	11. BIRTHPLACE (State or foreign country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm C WOODWORTH	13b. MOTHER'S MAIDEN NAME MARY JORDAN	14. NAME OF HUSBAND OR WIFE CLARA WOODWORTH.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 491-01-2543	17. INFORMANT'S SIGNATURE OR NAME Rex Woodworth	ADDRESS Denver Colo

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) Luetic aortitis with cardiac

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) insufficiency with
DUE TO (c) decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 023X	20. AUTOPSY? YES ☐ NO ☐
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) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1937, to June 26, 1951, that I last saw the deceased alive on 6-26, 1951, and that death occurred at 12:00 Noon from the causes and on the date stated above.

23a. SIGNATURE W. W. Kerish (Degree or title) MD	23b. ADDRESS Mem Nat'l Bnk Bldg	23c. DATE SIGNED 6-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/29/51	24c. NAME OF CEMETERY OR CREMATORY CARL JUNCTION CEM	24d. LOCATION (City, town, or county) (State) CARL JUNCTION MO
DATE REC'D BY LOCAL REG. 6-29-51	REGISTRAR'S SIGNATURE By Dolores Lampkins 138	25. FUNERAL DIRECTOR'S SIGNATURE HURLBUT-GLOVER-MORTUARY	ADDRESS 4-22 SGT

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-2-51
Jasper County Health Office
County File Number 51/6/533
Date Filed 7-3-51

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 Lloyd O. McCord working under my personal supervision.

Student Embalmer No. 398

Signed Lloyd O. McCord
Student Embalmer

Signed Percy K. Herlbert
Licensed Embalmer No. 959
P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.