

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21024

FILED JUN 26 1951

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4436 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New London
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION John New London

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New London
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John b. (Middle) _____ c. (Last) Woodson 4. DATE OF DEATH (Month) (Day) (Year) 6 2 51

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH not known 9. AGE (In years last birthday) 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) New London D 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joe Woodson 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE Pearl Woodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Pearl Woodson 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, ashenia, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction MEDICAL CERTIFICATION
ANTECEDENT CAUSES DUE TO (b) Old age
DUE TO (c) Some Arterial Blockage
11. 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 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) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 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 1, 1951, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thos. R. Moore M.D. 23b. ADDRESS New London 23c. DATE SIGNED 6-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 6-5-51 24c. NAME OF CEMETERY OR CREMATORY Fair View 24d. LOCATION (City, town, or county) (State) New London Mo

DATE REC'D BY LOCAL REG. 6-16-51 REGISTRAR'S SIGNATURE H. P. Waters 25. FUNERAL DIRECTOR'S SIGNATURE Geo E. Roberts ADDRESS Hannibal

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

0870

Date Received: JUN 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1125
Date Filed: JUN 25 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 *Geo E Roberts* _____

Licensed Embalmer No. *2113* _____

P. O. Address *Hannibal 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.