

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32379**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **368** PRIMARY REG. DIST. NO. **6248** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>WASHINGTON</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WASHINGTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHWOODS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHWOODS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b> b. (Middle) <b>ANN</b> c. (Last) <b>WOODCOCK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 17 1951</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7-10-1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>JOHN Mc CANCE</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET HALLEY</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN WOODCOCK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOHN WOODCOCK</b> ADDRESS <b>RICHWOODS, MO</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Systemic Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>4 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant mole</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 <b>190x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 1, 1951**, to **Sept. 17, 1951**, that I last saw the deceased alive on **Sept. 12, 1951**, and that death occurred at **9:49 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. E. Orr, D.O., De Soto, Mo.</b>	23b. ADDRESS	23c. DATE SIGNED <b>9/18/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-19-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WOODCOCK</b>	24d. LOCATION (City, town, or county) (State) <b>LUEBBERING MO</b>
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DATE REC'D BY LOCAL REG. <b>9/18-51</b>	REGISTRAR'S SIGNATURE <b>Edgar 339</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Casey L. Lenz</b> ADDRESS <b>St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 22 1951

RECEIVED

OCT 22 1951

WASH. COUNTY HEALTH DEPT.

File No. 951-237

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 *J. M. Lenox*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, 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.