

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33126

BIRTH NO. _____		REG. DIST. NO. 102		PRIMARY REG. DIST. NO. 5414		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cardwell, Rt 1</u>		c. LENGTH OF STAY (in this place) <u>11 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cardwell</u>		0350		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Rte 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Bell</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-22-1878</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Carbison Co. Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Granville Lafayette Harrison</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Simpson</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. F. Harrison</u> ADDRESS <u>Arbyrd MO R1</u>				
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>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 _____		4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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>July 18, 1951</u> , to <u>9-9, 1951</u> , that I last saw the deceased alive on <u>9-5, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. W. English M.D.</u> (Degree or title)				23b. ADDRESS <u>Cardwell MO</u>		23c. DATE SIGNED <u>10-9-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell, MO</u>		
DATE REC'D BY LOCAL REG. <u>10-15-51</u>		REGISTRAR'S SIGNATURE <u>H. E. Harrison Dep Regl</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u> ADDRESS <u>Cardwell, MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

England

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT *10-16-51*

COUNTY FILE NUMBER *1051-278*

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 *W. W. Howard*

Licensed Embalmer No. *3959*

P. O. Address *Leachville, Ark.*

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.