

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34078

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 201

493  
1

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>47 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 N. McGregor St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>0493</u>	
		d. STREET ADDRESS (If rural, give location) <u>307 Eldorado St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LURA</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>WOODWARD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>OCT 24, 1951</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>May 26, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert H. Hales</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Hurd</u>	14. NAME OF HUSBAND OR WIFE <u>Julius D. Woodward</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Garrett Woodward, 307 Eldorado, Carthage, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Dementia</u>		
	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>306X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) (Minute) <u>none</u>	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 Feb 28, 1951, to Oct 24, 1951, that I last saw the deceased alive on Oct 22, 1951, and that death occurred at 1:50pm., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Wood M.D.</u> (Degree or title)	23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>Oct 25 '51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-26-51</u>	REGISTRAR'S SIGNATURE <u>L.B. Clinton, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> ADDRESS <u>Carthage, Mo.</u>
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RECEIVED 11-2-51

Jasper County Health Dept

County File Number 51-11-815

Date Filed 11-2-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Robert H. Kuell

Licensed Embalmer No. 4459

P. O. Address Parthage, 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.