S. No. 300
v. 10.48

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FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0730 34483

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5840 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Van Buren Twsp
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.7, D. Sarcoxie Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Van Buren Twsp)
d. STREET ADDRESS (If rural, give location): Sarcoxie Mo R7D

3. NAME OF DECEASED (Type or Print)
a. (First): Finis
b. (Middle): Woods
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 9-27-51

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 4-1870
9. AGE (In years last birthday): 80 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lawrence Co. Mo
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: Harris Woods
13b. MOTHER'S MAIDEN NAME: Arena Spillman
14. NAME OF HUSBAND OR WIFE: Mollie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Miss Lula Woods — **ADDRESS**: Sarcoxie Mo

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) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) congestive heart failure — 9 months

DUE TO (c) cardiovascular renal disease

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: 4201
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 1, 1942 *to* Sept 27, 1951, *that I last saw the deceased alive on* Sept 25, 1951, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Kilbane (Degree or title): M.D.
23b. ADDRESS: Sarcoxie Mo.
23c. DATE SIGNED: Sept 29-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-30-51
24c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cem
24d. LOCATION (City, town, or county) (State): Sarcoxie Mo

DATE REC'D BY LOCAL REG.: Oct 13, 1951
REGISTRAR'S SIGNATURE: M. F. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE: Jackson & Sons — **ADDRESS**: Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~[illegible]~~

District File Number 1051-331

Date Filed ~~1951 OCT 30~~ OCT 1[illegible] 1951

NEOSHO, MISSOURI

DEC 5 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 me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm R. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.