

No. 300  
10. 48

DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42200

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 23

1. PLACE OF DEATH  
a. COUNTY Linn  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Twp. c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD 1, Brookfield.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Linn  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield, RFD 1 0510  
d. STREET ADDRESS (If rural, give location) 3 miles west

3. NAME OF DECEASED  
a. (First) MILDRED b. (Middle) LAVERN c. (Last) WOODWORTH

4. DATE OF DEATH (Month) (Day) (Year)  
December 7, 1951

5. SEX FEMALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH Sept. 23, 1908

9. AGE (In years last birthday) 43 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Purdin, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Willard Pulliam

13b. MOTHER'S MAIDEN NAME Susie McCollum

14. NAME OF HUSBAND OR WIFE Glenn D. Woodworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. D. Woodworth, Brookfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Perforated heart  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Gun shot wound from  
DUE TO (c) 27 Caliber revolver  
2. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. E 976X

INTERVAL BETWEEN ONSET AND DEATH instant

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) RFD Brookfield Linn Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 7 51 9:30 a.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 1940, to 12-7, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE 66 Smock 2ND (Degree or title)

23b. ADDRESS Brookfield Mo

23c. DATE SIGNED 12-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 9, 1951

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State) Brookfield, Mo.

DATE REC'D BY LOCAL REG. Dec. 9-1951 REGISTRAR'S SIGNATURE Chris A. Masterson 169

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.

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

058  
1

Date Received: DEC 17  
DISTRICT HEALTH OFFICE  
District File Number 12-3  
Date Filed: DEC 18 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Harold B. Wright*

Signed.....

Student Embalmer

Licensed Embalmer No. *3718*

P. O. Address Brookfield, 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.