

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2255

State File No.

FILED JAN 29 1952

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sadalia		c. LENGTH OF STAY (In this place) 7 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sadalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1703 So. Harrison				d. STREET ADDRESS (If rural, give location) 1703 So. Harrison			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) CLARENCE		c. (Last) WOODSMALL		4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 13 - 1875	
9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Days 11		11. BIRTHPLACE (State or foreign country) Florin Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Examiner Savings Loan Co		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Walter E. Woodsmall		13b. MOTHER'S MAIDEN NAME Mary Jane Bartlett	
13c. NAME OF HUSBAND OR WIFE Rachel		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		15. SOCIAL SECURITY NO. 498-14-0213		16. INFORMANT'S SIGNATURE OR NAME James C. Woodsmall Jr	
17. ADDRESS Sedalia		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) Cerebral haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, advanced DUE TO (c) Prostatic hypertrophy - probably malignant 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 331X H.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from July 1951, to Jan 20, 1952, that I last saw the deceased alive on Jan 20, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) Chas Gordon Stauffer MD	
23b. ADDRESS Sedalia Missouri		23c. DATE SIGNED 1-21-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-22-52	
24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Laughlin Bros.		ADDRESS Sedalia	
DATE REC'D BY LOCAL REG. 1-22-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Laughlin Bros.		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952

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. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.