

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7201**

v. 10.46

FILED MAR 24 1952

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 3000		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kirksville		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Kirksville		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stickler				d. STREET ADDRESS (If rural, give location) 1005 W. La Harpe			
3. NAME OF DECEASED (Type or Print)		a. (First) Helen		b. (Middle) Jo Ann		c. (Last) Woods	
4. DATE OF DEATH (Month) (Day) (Year) Mch. 16 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH 12/12/1949		9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl Woods		13b. MOTHER'S MAIDEN NAME Buna Sallee		14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Woods, Kirksville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) measles DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 wk	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 0851				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Mar. 16, 1952 , to Mar 16, 1952 , that I last saw the deceased alive on Mch. 16, 1952 , and that death occurred at 11:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) RO Stickler MD				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 3-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/19/52		24c. NAME OF CEMETERY OR CREMATORY Yarrow		24d. LOCATION (City, town, or county) (State) Yarrow, Mo.	
DATE REC'D BY LOCAL REG. 3-19-52		REGISTRAR'S SIGNATURE Wate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Woodley Kirksville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

2013
0

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 *Walter Collins*

Licensed Embalmer No. 3632

P. O. Address Kirksville, 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.