

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12559

FILED MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Saltriver</b>			c. LENGTH OF STAY (in this place) <b>3 mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL, Saltriver</b>			d. STREET ADDRESS (If rural, give location) <b>R.F.D.#2, Mexico,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D.#2, Mexico</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOSEPH</b>		b. (Middle) <b>ROY</b>		c. (Last) <b>WOODS</b>	
4. DATE OF DEATH		(Month) <b>March</b>		(Day) <b>11,</b>		(Year) <b>1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 23, 1886</b>	
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant Owner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>			11. BIRTHPLACE (State or foreign country) <b>Higby, Missouri</b>	
12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>William Green Woods</b>			13b. MOTHER'S MAIDEN NAME <b>Fannie Meyers</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Elizabeth Woods</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Donald N. Woods, Mexico, Mo.</b>	
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					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					
		DUE TO (c) <b>Chronic Nephritis</b>					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>592X</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 <b>March 6, 1952</b> , to <b>March 11, 1952</b> , that I last saw the deceased alive on <b>March 6, 1952</b> , and that death occurred at <b>7:30 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John A. Owen D.O.</b>				23b. ADDRESS <b>Mexico Mo</b>		23c. DATE SIGNED <b>3-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 13, 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar-12-1952</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earl E. Pugh Mexico, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*Ralph L. Hueston*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.