

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7364

BIRTH NO. <u>FILED APR 15 1952</u>		REG. DIST. NO. <u>34</u>		PRIMARY REG. DIST. NO. <u>5117</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar</u> <u>0180</u>		d. STREET ADDRESS (If rural, give location) <u>Hartsburg P.F.D.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>Martha F. Woods</u>			a. (First) <u>F.</u> b. (Middle) <u>Woods</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 5 1877</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months <u>3</u> Days		11. UNDER 100 Hrs. <u>0</u> Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
13a. FATHER'S NAME <u>J. A. Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Emarene</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>490-09-6322</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Baulah Freeman Hartsburg Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain clot</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Feb 1</u> , 19 <u>52</u> , to <u>April 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 3</u> , 19 <u>52</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. P. Megee, M.D.</u> (Degree or title)				23b. ADDRESS <u>Hartsburg Mo</u>		23c. DATE SIGNED <u>April 6, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 8 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 6/52</u>		REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. E. Burnett</u>		ADDRESS <u>Ashland, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1952

APR 17 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^o C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.