

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19603

FILED JUL 11 1952		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 318	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Butler 0124			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				d. STREET ADDRESS (If rural, give location) General Del.			
3. NAME OF DECEASED (Type or Print) a. (First) Jerry b. (Middle) Elifton c. (Last) Woods			4. DATE OF DEATH (Month) (Day) (Year) 6-12-52				
5. SEX M O W		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH June 6, 52	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Owen Woods			13b. MOTHER'S MAIDEN NAME Ruby Lee Dixon		14. NAME OF HUSBAND OR WIFE Owen Woods		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nick Greathouse Poplar Bluff, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) asphyxiation of food. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature birth				INTERVAL BETWEEN ONSET AND DEATH 2 Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 7635			
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"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/6, 1952, to 6/12, 1952, that I last saw the deceased alive on 6/12, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Con. La. Post. M.D.				23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED July 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-12-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		24d. LOCATION (City, town, or county) (State) Butler Co Mo	
DATE REC'D BY LOCAL REG. 7-2-52		REGISTRAR'S SIGNATURE Wm. H. Johnson 4287		25. FUNERAL DIRECTOR'S SIGNATURE Phelps Jenchel		ADDRESS Poplar Bluff	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 8 1952
BUTLER CO. HEALTH CENTER
FILE No. 752-350

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.