

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27-12308
 State File No. 27620

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 97

0352

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

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KENNETT</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRESNOLL HOSP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL #1</u>	
		d. STREET ADDRESS (If rural, give location) <u>4 mi. NORTH OF BRAGG CITY, MO</u>	
3. NAME OF DECEASED a. (First) <u>THOMAS</u> b. (Middle) <u>W.</u> c. (Last) <u>WOODS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 4, 1894</u>
9. AGE (In years last birthday) <u>58</u> 0 <u>28</u> Months Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JIM WOODS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN MARY GRAY</u>	
14. NAME OF HUSBAND OR WIFE <u>Melvey WOODS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NU</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Melvey Woods</u>		ADDRESS <u>BRAGG CITY 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>002 X</u>	
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)		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>7-22, 1952</u> to <u>7-23, 1952</u> , that I last saw the deceased alive on <u>7-23, 1952</u> , and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. P. Wilson</u>		23b. ADDRESS <u>Kennett Mo</u>	
23c. DATE SIGNED <u>7-26-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-26-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-30-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hunsberrd</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Smith Co.</u>		ADDRESS <u>Cambridge Mo 67010</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-31-52

COUNTY FILE NUMBER 752-202

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Cantharville, 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.