

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38261**

FILED NOV 25 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 85

0380
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Decatur Co. 129</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry Cooper one year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, One mile south of King City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Graves Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>One mile south of King City Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Minnie</u>	a. (First)	b. (Middle)	c. (Last) <u>Woodworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-1952</u>
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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>9-27-1864</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer/Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Decatur County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Elijah Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Joslin</u>	14. NAME OF HUSBAND OR WIFE <u>Terry Woodworth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Ball</u> ADDRESS <u>Saint Joseph Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>331X</u>
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 12 November 1952, to 15 November 1952, that I last saw the deceased alive on 15 November, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albert L. Carlson M.D.</u> (Degree or title)	23b. ADDRESS <u>STANBERRY Mo.</u>	23c. DATE SIGNED <u>16 Nov 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>King City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 18-52</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	462-55. FUNERAL DIRECTOR'S SIGNATURE <u>J. Egan Johnson</u> ADDRESS <u>Stanberry Mo</u>
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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 _____

J. Evan Johnson

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Evan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stanhurst, Missouri*

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.