

DEC 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43161
Registrar's No. 3056 302

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly 08803</u>	
c. LENGTH OF STAY in this place <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1029 North Ault Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENCE</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>WOODWARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-20-1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Oct-15-1902</u>
9. AGE (In years last birthday) <u>50</u>	10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico Missouri</u>	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>Shoe Vampers</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>	14. NAME OF HUSBAND OR WIFE _____	
13a. FATHER'S NAME <u>Thomas Woodward</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Mae Shaw</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-07-0949</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms Bertha Peters</u> ADDRESS <u>St. Louis MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocarditis with Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1952</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>MO</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 <u>July 1950</u> to <u>Dec 20/52</u> , that I last saw the deceased alive on <u>Dec 20/52</u> , and that death occurred at <u>2:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. R. E. Hubel MD</u> (Degree or title)		23b. ADDRESS <u>Moberly MO</u>	23c. DATE SIGNED <u>12/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-22-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 22-52</u>	REGISTRAR'S SIGNATURE <u>Carroll Williams</u>	EMERALD DIRECTOR'S SIGNATURE <u>Wright</u>	ADDRESS <u>Funeral Home Mexico MO.</u>

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

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

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moab, 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.