

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2568

State File No.

FILED FEB 2 1953

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **12**

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

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| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 200 1/2 South Main | | d. STREET ADDRESS (If rural, give location) 200 1/2 South Main | |

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| 3. NAME OF DECEASED (Type or Print) Donnell W. Woods | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1953 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 8/7/1901 | 9. AGE (In years last birthday) 51 # UNDER 1 YEAR 5 MONTHS 16 DAYS # UNDER 6 HRS. 0 MIN. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Button factory | 10b. KIND OF BUSINESS OR INDUSTRY Button factory | 11. BIRTHPLACE (State or foreign country) Louisiana, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John S. Woods | 13b. MOTHER'S MAIDEN NAME Sarah Ann Summers | 14. NAME OF HUSBAND OR WIFE ----- |
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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) no | 16. SOCIAL SECURITY NO. 490-05-3492 | 17. INFORMANT'S SIGNATURE OR NAME John S. Woods, Louisiana, Mo. | ADDRESS Louisiana, Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating 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. | | | |

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| 19a. DATE OF OPERATION None | 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) Bowling Green, Mo. |
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| 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? ----- |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased deceased on Jan 23, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE J. O. Mull (Degree or title) C coroner 3 | 23b. ADDRESS Bowling Green, Mo. | 23c. DATE SIGNED Jan 24-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/25/53 | 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery | 24d. LOCATION (City, town, or county) (State) Louisiana, Mo. |
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| DATE REC'D BY LOCAL REG. Jan 25, 1953 | REGISTRAR'S SIGNATURE Bernice Collier | 25. FUNERAL DIRECTOR'S SIGNATURE George O. Wagner | ADDRESS Louisiana, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

1957
FEB 3

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

George O. Hagner

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.