

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6420**
1078
Registrar's No.

178
FILED MAR 13 1953

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1078
1. PLACE OF DEATH a. COUNTY Jackson Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence Co		
b. CITY (If outside corporate limits, write RURAL and give township) Lawrence City, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon, 10550		
c. LENGTH OF STAY (In this place) 15 1/2 Days		d. STREET ADDRESS (If rural, give location) 315 Sherman Ave		
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital				
3. NAME OF DECEASED (Type or Print) Danna Lynn Woods		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 2 19 1953		5. SEX F		6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby 0		8. DATE OF BIRTH 1-31-53		9. AGE (In year last birthday) 18 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Vincent's Hospital, Monett, Mo. U.S.A.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Barney Woods		
13b. MOTHER'S MAIDEN NAME Jessette Holloway		14. NAME OF HUSBAND OR WIFE none		
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. none		17. INFORMANT'S SIGNATURE OR NAME Barney Woods
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CONGENITAL HEART DISEASE		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 19 days		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Bronchopneumonia		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 75 1/1		20. AUTOPSY? YES <input checked="" 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)
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 2-3, 1953 , to 2-19, 1953 , that I last saw the deceased alive on 2-19, 1953 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE H.M. Gilkey		23b. ADDRESS 1624 Prof. Bldg		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery
24d. LOCATION (City, town, or county) (State) Mt. Vernon Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. D. Fossett		
DATE REC'D BY LOCAL REG. 2-20-53		REGISTRAR'S SIGNATURE Steraldine Smith		ADDRESS Mt. Vernon Mo.

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.

Not Embalmed

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.