No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13268

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 118

105
0

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0105
d. STREET ADDRESS (If rural, give location): 506 Turner Ave 0

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle):
c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): April 22 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 9-3-1872

9. AGE (In years last birthday): 80 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Hone

11. BIRTHPLACE (City and State or Foreign Country): Harrisonville, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: H. R. Bryant

13b. MOTHER'S MAIDEN NAME: Sarah Jane Ryan

14. NAME OF HUSBAND OR WIFE: Archie B. Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S SIGNATURE OR NAME: E. R. Bryant, Brother
ADDRESS: Muskogee, Okla.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive arteriosclerotic heart disease — 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive failure — 6 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4200

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9, 1953, *to* 4-22, 1953 *that I last saw the deceased alive on* 4-22, 1953, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: James [illegible] (Degree or title) MD

23b. ADDRESS: Columbia Mo

23c. DATE SIGNED: 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-24-1953

24c. NAME OF CEMETERY OR CREMATORY: Harrisonville Cemetery

24d. LOCATION (City, town, or county) (State): Harrisonville, Missouri

DATE REC'D BY LOCAL REG.: Apr. 24 1953

REGISTRAR'S SIGNATURE: Mrs. R E Palmer 31-0

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Parker Funeral Service Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

J.W.P.

MAY 13 1950

JUN 2 1953

JUL 1 1953

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 J W P Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia 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.