

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24580**

FILED AUG 4 - 1953

BIRTH NO.		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 5558		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Howe				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE Missouri b. COUNTY Howe				
b. CITY, VILLAGE, OR TOWN Howe		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) Olden, Mo		n 460		
d. FULL NAME OF HOSPITAL OR INSTITUTION Olden				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Fra c. (Last) Woods			4. DATE OF DEATH (Month) (Day) (Year) 7-2-1953					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO		8. DATE OF BIRTH 8-28-1875		
9. AGE (In years, Months, Days) 77 10 4		IF UNDER 1 YEAR		IF UNDER 4 HRS.		IF UNDER 15 MIN.		
10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Howe Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel Bailey			13b. MOTHER'S MAIDEN NAME Mary Katherford			14. NAME OF HUSBAND OR WIFE Geo Woods		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. W		17. INFORMANT'S SIGNATURE OR NAME Geo. Woods, Olden Mo		ADDRESS		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident (apoplexy)				INTERVAL BETWEEN ONSET AND DEATH 3 days		
		ANTECEDENT CAUSES		DUE TO (b) Hypertension		10 yrs or more		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arthritis		10 yrs -		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 May 19 44 to July 2, 1953 , that I last saw the deceased alive on 6/30 , 19 52 , and that death occurred at 5:20 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Margie S. Bailey (Degree or title) D.O.				23b. ADDRESS 107 Walnut West Plains Mo.		23c. DATE SIGNED 7/9/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) 18		24b. DATE 7/5-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Olden Mo		
DATE REC'D BY LOCAL REG. AUG 4 1953		REGISTRAR'S SIGNATURE Edgar A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Robertson West Plains Mo		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

H. D. Roberts

Licensed Embalmer No. *3477*

P. O. Address *West Plains, 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.