

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

*Patterson*  
FILED SEP 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 177

1. PLACE OF DEATH  
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage

c. CITY OR TOWN Carthage d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune-Brooks Hosp.

e. STREET ADDRESS (If rural, give location) 225 W. 6th. St. 0493

3. NAME OF DECEASED (Type or Print)  
a. (First) George b. (Middle) Wilbur c. (Last) Woodford

4. DATE OF DEATH (Month) (Day) (Year)  
9-1-1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 12, 1867

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Chiropractor

11. BIRTHPLACE (City and State or Foreign Country) Davis County, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Francis Woodford

13b. MOTHER'S MAIDEN NAME Mary (Unknown)

14. NAME OF HUSBAND OR WIFE Gertrude Rouse Woodford

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. Yes No-Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G.W. Woodford Carthage, Mo.

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  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary edema  
ANTECEDENT CAUSES  
DUE TO (b) Cardiac failure  
DUE TO (c) Arteriosclerosis  
2. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Abdominal mass

INTERVAL BETWEEN ONSET AND DEATH  
one week  
2 yrs.  
10-15 yrs.  
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4500

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 8-29, 1953, to 9-1, 1953, that I last saw the deceased alive on 9-1, 1953 and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Grover J. Patterson M.D. (Degree or title)

23b. ADDRESS Carthage, Mo.

23c. DATE SIGNED 9-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-3-1953

24c. NAME OF CEMETERY OR CREMATORY Park Cemetery

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

DATE REC'D BY LOCAL REG. 9-3-53

REGISTRAR'S SIGNATURE Clayton B. Clinton M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.

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

RECEIVED **SEP 10 1953**  
Jasper County Health Office

County File Number <sup>53-9-720</sup>  
Date Filed **SEP 10 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.....  
Signature of Student Embalmer

Signed..... *William B. Carter*

Licensed Embalmer No. *488*

P. O. Address... *Carter*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.