

STANDARD CERTIFICATE OF DEATH

31353

State File No. ....

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BOONVILLE Mo.</u> c. LENGTH OF STAY (In this place) <u>6 WEEKS</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>(RURAL) NORTH MONITEAU TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR BUNCKETON Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>GEORGE WOODSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 30-1953</u>		
5. SEX <u>♂</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT. 22-1863</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR (Specify) Hours _____ Minutes _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>HUGH MORRIS</u>		13b. MOTHER'S MAIDEN NAME <u>SUDY DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>MATILDA McCallister</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Earl Schuster Blackmeyer</u> ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		ANTECEDENT CAUSES		Mo	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating 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 <u>Prostatic hypertrophy</u>			

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>1222</u>		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) _____		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 8-13, 1953, to 9-30, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>TC Beckett MD</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>10-1-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>OCT. 2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PISCATAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>PISCATAH MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Albert Hornbeck</u> ADDRESS <u>Praine Home</u>		DATE REC'D BY LOCAL REG. <u>10-2-53</u> REGISTRAR'S SIGNATURE <u>D. Cooper 381</u>	

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

720

450

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 *G. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Sprairie Home 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.