

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1181**

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Lion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Lionton		c. CITY (If outside corporate limits, write RURAL and give township) Ellington	
c. LENGTH OF STAY (In this place) 2 wks.		d. STREET ADDRESS (If rural, give location) 0900 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lionton Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Katie	b. (Middle) E.	c. (Last) Woyles	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1954
---	-------------------------	-----------------------	-------------------------	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 6 1885	9. AGE (In years last birthday) 68	if UNDER 1 YEAR Months 3	if UNDER 1 YEAR Days 10	if UNDER 1 HR. Hours	if UNDER 1 MIN. Min.
---------------------------	-------------------------------------	---	--	--	------------------------------------	-----------------------------------	-------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Texas County	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME Emery White	13b. MOTHER'S MAIDEN NAME Saphronie Johnson	14. NAME OF HUSBAND OR WIFE Sheldon Woyles
---	--	---

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 Sheldon Woyles	ADDRESS Ellington
--	---	---	------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 3 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach; Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wear symptoms for 6 mos DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	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) 151X
---	---	---

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 Nov. 7, 1952, to Feb 16, 1954, that I last saw the deceased alive on Jan 16, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE Sheldon Woyles	(Degree or title) M.D.	23b. ADDRESS Lionton, Mo.	23c. DATE SIGNED 1-21-54
--	-------------------------------	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Jan 18 1954	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Ellington Mo.
--	--	--	--

DATE REC'D BY LOCAL REG. 1-28-54	REGISTRAR'S SIGNATURE Mrs. Ariz Jones	25. GENERAL DIRECTOR'S SIGNATURE Seaton Hewitt	ADDRESS Van Buren Mo.
---	--	---	--

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren In

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.