

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2155**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Newbern		c. LENGTH OF STAY (In this place) 2 da	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hosp		d. STREET ADDRESS (If rural, give location) c730	

3. NAME OF DECEASED (Type or Print) a. (First) ROSA	b. (Middle) E. WOODCOCK	c. (Last)	4. DATE OF DEATH: (Month) (Day) (Year) 1-31-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-27-1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days	Hours	Min.
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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) McDonald Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Sheridan Howard	13b. MOTHER'S MAIDEN NAME Jessie Paul	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Sherman Woodcock, Jr.	ADDRESS Granby
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH TWO WKS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PYONEPHRITIS		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHR RHEUMATOID ARTHRITIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		TEN YEARS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1950**, to **31 JAN**, 1954, that I last saw the deceased alive on **31 JAN**, 1954, and that death occurred at **8 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Taylor M.D.	23b. ADDRESS Neosho Mo.	23c. DATE SIGNED 1 Feb 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-3-54	24c. NAME OF CEMETERY OR CREMATORY Granby Mem.	24d. LOCATION (City, town, or county) (State) Granby Mo.
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DATE REC'D BY LOCAL REG. 2-1-54	REGISTRAR'S SIGNATURE Melvin C. Bowman 223-0	25. FUNERAL DIRECTOR'S SIGNATURE Culver Steunike	ADDRESS Granby, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 254-16

Date Filed FEB 12 1954

NEOSHO, MISSOURI

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 F. E. Skewes Jr.

Licensed Embalmer No. 4923

P. O. Address Granby, 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.