

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 0001 Registrar's No. 438

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Joplin Mo

c. LENGTH OF STAY (in this place) 2 Wks

d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Kansas COUNTY Cherokee

c. CITY OR TOWN Hallowell Kansas

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 415 G

3. NAME OF DECEASED

a. (First) Laura b. (Middle) Ann c. (Last) Woods

4. DATE OF DEATH (Month) 8 (Day) 25 (Year) 54

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH I 7 7 1875 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

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 (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Lorenzo Ferguson 13b. MOTHER'S MAIDEN NAME Elizabeth Shaw 14. NAME OF HUSBAND OR WIFE George Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME Zella Woods ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Vasculosis

ANTECEDENT CAUSES

Morbid 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. Arteriosclerosis heart disease General eyes

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 46021

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) (Min) _____

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 July 14, 1954, to Aug 25, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 8:10 pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS 400 Main, Galena, Kas. 23c. DATE SIGNED 8-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 8-26-54 24c. NAME OF CEMETERY OR CREMATORY Park 24d. LOCATION (City, town, or county) (State) Columbus Kansas

DATE REC'D BY LOCAL REG. 9-9-54 REGISTRAR'S SIGNATURE [Signature] 138 GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Columbus, Kas.

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

RECEIVED SEP 13 1954
Jasper County Health Office
County File Number 54-9-71
Date Filed SEP 13 1954

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 *Louis A. Thomhill*

Licensed Embalmer No. 3590

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