

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29959**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>4057</b>		Registrar's No. <b>510</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Qulin</b>		c. LENGTH OF STAY (in this place) <b>11 yrs.</b>		c. CITY OR TOWN <b>Qulin</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0120</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amos</b>			b. (Middle) <b>Franklin</b>		c. (Last) <b>Woods</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 29, 1954</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 7, 1865</b>		9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Booneville, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jim Woods</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Goad</b>		14. NAME OF HUSBAND OR WIFE <b>Mandalia Woods</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>XSX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mandalia Woods Qulin, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cornary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>L</b> DUE TO (c) <b>L</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>L</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>L</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>L</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>L</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>L</b>			
22. I, hereby certify that I attended the deceased from <b>Sept 27, 1954</b> , to <b>Sept 27, 1954</b> that I last saw the deceased alive on <b>Sept 29, 1954</b> and that death occurred at <b>80</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Leola Goad, MD</b>				23b. ADDRESS <b>Qulin Mo</b>		23c. DATE SIGNED <b>Oct 4 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10-1-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>10/8/54</b>		REGISTRAR'S SIGNATURE <b>R. N. Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>			

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

RECEIVED

OCT 11 1954  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Walter Marsh Watteris*

Licensed Embalmer No. *4717*

P. O. Address *Butler Pa*

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.