

FILED OCT 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 31342
Registrar's No. 235

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4377		Registrar's No. 235	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Nodaway		b. CITY (If outside corporate limits, write RURAL and give township) Quitman		c. LENGTH OF STAY (in this place) 60 yrs		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Quitman		c. LENGTH OF STAY (in this place) 60 yrs		c. CITY OR TOWN Quitman		b. COUNTY Nodaway	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) 0740							
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) W.		c. (Last) Woods	
4. DATE OF DEATH		(Month) (Day) (Year)		9-27-1954			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 6-26-1869	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmithing		11. BIRTHPLACE (City and State or Foreign Country) Fancy Prairie, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Woods		13b. MOTHER'S MAIDEN NAME Matilda Paine		14. NAME OF HUSBAND OR WIFE Altha Livengood-deceased			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robt. Browning-Quitman, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Years. ?	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		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.							
19a. DATE OF OPERATION		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) 151 X			
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 <u>Apr. 29, 1954</u> , to <u>Sept. 15, 1954</u> , that I last saw the deceased alive on <u>Sept. 15, 1954</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE W. R. Titcomb, D.O.				23b. ADDRESS Shidmore, Mo.		23c. DATE SIGNED 9-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-28-1954		24c. NAME OF CEMETERY OR CREMATORY Willow Sprs. Cem.		24d. LOCATION (City, town, or county) (State) Willow Springs Mo.	
DATE REC'D BY LOCAL REG. 10-9-54		REGISTRAR'S SIGNATURE Beas Holt 2290		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. M. Atkinson, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *G. M. Atchison*.....

Licensed Embalmer No. *227*
P. O. Address *Marquette, 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.**