No. 300
10.48

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

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40122

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 363

1. PLACE OF DEATH
a. COUNTY: BOONE Co. H.P.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BOONE CO HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: BOONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA 65205
d. STREET ADDRESS (If rural, give location): 114 N 5th St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): C
c. (Last): WOODS

4. DATE OF DEATH (Month) (Day) (Year): 12 30 1954

5. SEX: Male
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 28 1876
9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (State or foreign country): COLUMBIA, BOONE Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Tolton Woods
13b. MOTHER'S MAIDEN NAME: LAURA FISHER
14. NAME OF HUSBAND OR WIFE: LILLIE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 490-07-0245
17. INFORMANT'S SIGNATURE OR NAME: Roy A. Woods
ADDRESS: 921 Craton Rd. Norfolk 13 Va.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriolar nephro sclerosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis — years
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lymphocytic leukemia — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4 4 6 XH
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) m.
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* Jun, 1953, *to* 30 Dec, 1954, *that I last saw the deceased alive on* 30 Dec, 1954, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Elric P. Rodgers (Degree or title) MD
23b. ADDRESS: 101 West Broadway
23c. DATE SIGNED: 31 Dec 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 1 1954
24c. NAME OF CEMETERY OR CREMATORY: Columbia Cem
24d. LOCATION (City, town, or county) (State): Columbia Mo.

DATE REC'D BY LOCAL REG.: Jan. 1, 1955
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31-0
25. FUNERAL DIRECTOR'S SIGNATURE: Austin C. Freeman
ADDRESS: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1955

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 Austin C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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.