

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 935

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 74-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>		
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>18 hrs</u>	c. CITY OR TOWN <u>Bolivar (Mo.)</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>4 Miles N. of Bolivar</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>Mae</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 27 1904</u>	9. AGE (In years last birthday) <u>50</u>	<u>0</u> Months <u>28</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Kellings</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Sledd</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Woods</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lewis Woods</u> ADDRESS <u>Bolivar Mo</u>	
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* <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Cornary Thrombosis</u> Morbid conditions, if any, giving DUE TO (b) <u>Cornary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>1/23</u> , 19 <u>55</u> , to <u>1/24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/24</u> , 19 <u>55</u> , and that death occurred at <u>1:05 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ray A. Callaway M.D.</u> (Degree or title)			23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>1/27/55</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27 / 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo</u>
DATE REC'D BY LOCAL REG. <u>1-31-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forrest & Blue</u> ADDRESS <u>Bolivar Mo</u>	

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

1 FEB 7 1958

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..... *Oby Jester*
Licensed Embalmer No. *415*
P. O. Address *Bolton,*

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.