No. 300
10.48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1710

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5713 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cychone
c. LENGTH OF STAY (in this place): 6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: McDonald
c. CITY OR TOWN: Cychone
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0600 D

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Jonathan
c. (Last): Woodfihh

4. DATE OF DEATH (Month) (Day) (Year): 1 - 18 - 1955

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: June 19 - 1886
9. AGE (In years last birthday): 68 — If under 1 year: Months 6 Days 29 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Bevier, Mo O
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: R.W Woodfihh
13b. MOTHER'S MAIDEN NAME: Tibbie May
14. NAME OF HUSBAND OR WIFE: Myrthe Woodfihh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No
16. SOCIAL SECURITY NO.: 318-18-0375
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Roberta Stillians

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
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: 331 X
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* 1-16, 1955, *to* 1-18, 1955, *that I last saw the deceased alive on* 1-16, 1955, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S W Blankenship M.D.O
23b. ADDRESS: Anderson Mo
23c. DATE SIGNED: 1-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Buriah
24b. DATE: 1-21-1955
24c. NAME OF CEMETERY OR CREMATORY: Tracy Cem
24d. LOCATION (City, town, or county) (State): Anderson (R) Mo

DATE REC'D BY LOCAL REG.: 1-25-55
REGISTRAR'S SIGNATURE: Mayme Humphrey 423-
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R M Humphrey Pineville Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...R. E. Cheatham...

Licensed Embalmer No.981..

P. O. Address Anderson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.