

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4355**

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 30

0310

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

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>McFall, Mo. Benton sup.</u>		c. CITY OR TOWN <u>Pattonsburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>30 Days</u>		e. STREET ADDRESS (If rural, give location) <u>0310</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby Coral</u> b. (Middle) <u>Woodward</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-13-1898</u>	9. AGE (In years last birthday) <u>56</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Oliver P. Tilley</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Brown</u>		14. NAME OF HUSBAND OR WIFE <u>James Kirk Woodward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>486-36-9230</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Kirk Woodward, McFall, Missouri</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 Mins.</u>
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 _____, 19____, to 2-11-, 1955, that I last saw the deceased alive on 2-11-, 1955, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Pray, D.O.</u> (Degree or title)	23b. ADDRESS <u>Albany, Mo.</u>	23c. DATE SIGNED <u>2-15-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McFall Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>McFall, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-17-55</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u>	810	25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. ...</u>	ADDRESS <u>Pattonsburg, Mo.</u>
---	--	-----	---	---------------------------------

VS MAR 27 1959

VS APR 15 1959

FEB 23 1959

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 *Louis Quest*.....

Licensed Embalmer No. *409*.....

P. O. Address *Patterson*.....

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.