

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19796

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4486</u>		Registrar's No. <u>13</u>						
1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>Shelbourn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (In this place) <u>4 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taberville, Mo.</u>		d. STREET ADDRESS (If rural, give location) _____						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLET M. Hosp.</u>				3. NAME OF DECEASED a. (First) <u>EMMET</u> b. (Middle) <u>LOYD</u> c. (Last) <u>WOODS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 55</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>July 3 - 1879</u>		9. AGE (In years last birthday) <u>75</u>	# weeks <u>11</u>	# days <u>29</u>	# hours in mo. _____	# min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FABRICER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Emmer Shirley</u>		14. NAME OF HUSBAND OR WIFE <u>Fanny Woods</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fanny Woods</u>		ADDRESS <u>Taberville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA PROSTATE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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 _____				
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) <u>Appleton City ST. CLAIR MO.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
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>Nov</u> , 19 <u>54</u> , to <u>July 2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>55</u> , and that death occurred at <u>8:05 P. M.</u> , from the causes and on the date stated above.								23a. SIGNATURE (Degree or title) <u>R. W. Braunschager M.D.</u>	23b. ADDRESS <u>Appleton City Mo.</u>		23c. DATE SIGNED <u>July 3 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taberville</u>		24d. LOCATION (City, town, or county) (State) <u>Taberville, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>July 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Oles Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osborn Colloff</u> ADDRESS <u>Appleton City, Mo.</u>								

(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 embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oscar Eckhoff*.....

Licensed Embalmer No. *3942*.....

P. O. Address *Appleton, Wis.*.....

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.