

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41117

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>32 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1236 Jersey St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Woody</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13, 1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy Equip. Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>D Lawrenceburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>J.H. Woody</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Conway</u>	14. NAME OF HUSBAND OR WIFE <u>Mary M. Pennington Woody</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>491-07-8693</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. O.L. Woody Carthage, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		<u>2 yrs</u>
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Artery insufficiency</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Ventricular Tachycardia</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>4222</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) (Minute) _____	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 aug 19, 1955, to Dec 11, 1955, that I last saw the deceased alive on Dec 11, 1955, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Wood M.D.</u> (Degree or title)	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>12/13/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>12 Miles E. of Carthage, Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-13-55</u>	REGISTRAR'S SIGNATURE <u>E. J. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Ulmer Funeral Home</u>

RECEIVED DEC 27 1955  
Jasper County Health Office

County File Number 55-118-894  
Date Filed DEC 27 1955

DEC 30 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.....  
Signature of Student Embalmer

Signed Elmer C. Thomas

Licensed Embalmer No. 4

P. O. Address Carthage

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