

#1
No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1964

FILED FEB 14 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Roll</u>		c. CITY OR TOWN <u>Anderson</u>	
c. LENGTH OF STAY (in this place) <u>8 Days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>E. Highway 44</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LINNIE</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>WOODWARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 27 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-26-1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>✓</u>
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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>St Joseph Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Anderson Fletcher</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy McRee</u>	14. NAME OF HUSBAND OR WIFE <u>Harvey Woodward</u>
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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>Ethel Phillips</u>	ADDRESS <u>Anderson Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>HIP TUBERCLE, ANGINA/TYPHUS.</u> DUE TO (c) <u>Senile Dementia.</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/19/56, 1956, to 1/27/56, 1956, that I last saw the deceased alive on 1/27/56, 1956, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Bunt</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Anderson Missouri</u>	23c. DATE SIGNED <u>1/25/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-4-56</u>	REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>	423-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Humphrey & Cleatham</u>	ADDRESS <u>Anderson Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me....., Student Embalmer No. ✓ working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cheatham.....

Licensed Embalmer No. 3813

P. O. Address Anderson

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.