

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9905

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>5811</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery Township</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY OR TOWN <u>Montgomery Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Delbert</u> b. (Middle) <u>Clinton</u> c. (Last) <u>Woodson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1956</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>Feb. 16, 1897</u>			
9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Marion Woodson</u>		13b. MOTHER'S MAIDEN NAME <u>Cassie Kinion</u>		14. NAME OF HUSBAND OR WIFE <u>Lenora, Woodson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>499-12-4752</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lenora Woodson Montgomery</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY DISEASE (sclerosis)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>10 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>					
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>5-13</u> , 19 <u>54</u> , to <u>3-22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>56</u> , and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Att Van Arsdale DO</u>				23b. ADDRESS <u>Montgomery City - Mo</u>		23c. DATE SIGNED <u>3-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24 '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Truxton Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-26-1956</u>		REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schlanke's Funeral Home Montgomery City, Mo.</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

APR 3

1965

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.....
E. Boone Schlanke

Licensed Embalmer No. 411

P. O. Address *Montgomery*

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.