

21280

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED JUL 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>2-29</u>		PRIMARY REG. DIST. NO. <u>5809</u> Registrar's No. <u>47</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>Mineola Mo</u>		c. LENGTH OF STAY (In this place) <u>15 yr</u>	c. CITY OR TOWN <u>Mineola Mo</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>Home</u>			e. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lura</u> b. (Middle) <u>W.</u> c. (Last) <u>Woodroof</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 th 1956</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>May 22-1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 HR. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>S. B. Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Lura Bonecutter</u>		14. NAME OF HUSBAND OR WIFE <u>Claude H. Woodroof</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude H. Woodroof Mineola 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO <u>ARTERIO-SCLEROTIC NEPHRITIS</u> 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>8 1/2 yrs.</u> <u>10 yrs.</u> <u>4 yrs.</u>
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) <u>446X</u>			
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 <u>June 20</u> , 19 <u>51</u> , to <u>July 12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>James W. Helm M.D.</u> (Degree or title)		23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>7-12-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-14-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockwell</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-16-56</u>	REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Mallick</u>	ADDRESS <u>MONTGOMERY CITY MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXXX~~ on the 12th day of July 1956, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

G. W. Hopkins
Signed.....
Licensed Embalmer No. 1487
Montgomery City Mo.
P. O. Address.....

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.