

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **40865**

FILED JAN 2 1957

|                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                    |  |                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                              |  | REG. DIST. NO. <u>100</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | PRIMARY REG. DIST. NO. <u>5235</u>                                                                                                 |  | Registrar's No. _____                                                                                                             |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u> |  |                                                                                                                                   |  |
| b. CITY OR TOWN <u>Rural, S. Butler</u>                                                                                                                                                                                                                      |  | c. LENGTH OF STAY (in this place) <u>11 yrs</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  | c. CITY OR TOWN <u>Jerico spg.</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 <u>2 1/2 S. Jerico spg.</u>                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | e. STREET ADDRESS (If rural, give location) <u>2 1/2 S. Jerico spg. 200</u>                                                        |  |                                                                                                                                   |  |
| 3. NAME OF DECEASED (Type or Print)                                                                                                                                                                                                                          |  | a. (First)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | b. (Middle)                                                                                                                        |  | c. (Last)                                                                                                                         |  |
| HORACE - T. WOODWORTH                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                    |  |                                                                                                                                   |  |
| 4. DATE OF DEATH (Month) (Day) (Year)                                                                                                                                                                                                                        |  | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 29                                                                                                                                 |  | 1956                                                                                                                              |  |
| 5. SEX <u>M</u>                                                                                                                                                                                                                                              |  | 6. COLOR OR RACE <u>W</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>                                                              |  | 8. DATE OF BIRTH <u>8-14-1876</u>                                                                                                 |  |
| 9. AGE (In years last birthday) <u>80</u>                                                                                                                                                                                                                    |  | 10. MONTHS <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 11. DAYS <u>15</u>                                                                                                                 |  | 12. HOURS <u></u> MIN. <u></u>                                                                                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>                                                                                                                                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>                                                                                                                                                                                                                                                                                                                                                                                                              |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>MACOMB - Ill</u>                                                             |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                                        |  |
| 13a. FATHER'S NAME <u>JOHN-QUINCY WOODWORTH</u>                                                                                                                                                                                                              |  | 13b. MOTHER'S MAIDEN NAME <u>Catherine Roberts</u>                                                                                                                                                                                                                                                                                                                                                                                                            |  | 14. NAME OF HUSBAND OR WIFE <u>Margaret Woodward</u>                                                                               |  |                                                                                                                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                                                                                                                                                  |  | 16. SOCIAL SECURITY NO. <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Woodward, Jerico spg.</u>                                                            |  |                                                                                                                                   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage,</u><br>ANTECEDENT CAUSES <u>Morbid conditions, as giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Arteriosclerosis C.U.R. &amp; H.M.A. ?</u><br>DUE TO (c) _____<br>2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |                                                                                                                                    |  | INTERVAL BETWEEN ONSET AND DEATH <u>78 hrs</u>                                                                                    |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                 |  | 19b. MAJOR FINDINGS OF OPERATION <u>442X</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                    |  | 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) _____                                                                              |  |                                                                                                                                   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____                                                                                                                                                                                                 |  | 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>Dec 27, 1956</u> , to <u>Dec 29, 1956</u> , that I last saw the deceased alive on <u>Dec 27, 1956</u> , and that death occurred at <u>7:30 AM.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                    |  |                                                                                                                                   |  |
| 23a. SIGNATURE (Degree or title) <u>Elm Street - no.</u>                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 23b. ADDRESS <u>Nevada mo</u>                                                                                                      |  | 23c. DATE SIGNED <u>12/29/56</u>                                                                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>                                                                                                                                                                                                     |  | 24b. DATE <u>12-30-1956</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mc Olive Cem</u>                                                                             |  | 24d. LOCATION (City, town, or county) (State) <u>74th Mo</u>                                                                      |  |
| DATE REC'D BY LOCAL REG. <u>12/30/56</u>                                                                                                                                                                                                                     |  | REGISTRAR'S SIGNATURE <u>Norma Zimmerman</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Long - Jerico spg.</u>                                                                      |  | ADDRESS <u>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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 371

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.