

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16825**

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. **193** PRIMARY REG. DIST. NO. **3022** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Bethany	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 (If not in hospital or institution, give street address or location) North 24th., Street.		e. STREET ADDRESS (If rural, give location) North 24th., Street, 0410	

3. NAME OF DECEASED (Type or Print) a. (First) Norville b. (Middle) Harvey c. (Last) Woodward			4. DATE OF DEATH (Month) (Day) (Year) May 10, 1957.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 4 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 7 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Chesley B. Woodward	13b. MOTHER'S MAIDEN NAME Rebecca Cain	14. NAME OF HUSBAND OR WIFE Pearl Woodward		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-22-7378	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Woodward, Bethany, Missouri.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		ANTECEDENT CAUSES		10 yrs.
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chronic hepatitis		5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446x		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)
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 **Feb 25, 1954**, to **May 10, 1957**, that I last saw the deceased alive on **5-10, 1957**, and that death occurred at **10:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Bradley, M. D.	23b. ADDRESS Bethany, Missouri.	23c. DATE SIGNED 5-11-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13, 1957	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24d. LOCATION (City, town, or county) (State) Cainsville, Missouri.
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DATE REC'D BY LOCAL REG. 5-20-57	REGISTRAR'S SIGNATURE Jella Maxey	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cainsville, Mo.
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(Licensed Embalmer's Statement [on Reverse Side])

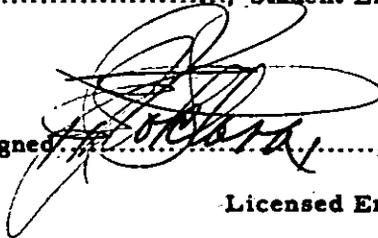
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, *ok/ky* **Eddie J. Stoklasa** Student Embalmer No.
working under my personal supervision:.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. **3602**

P. O. Address **Cainsville, Mo**

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.