

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23398

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>274</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Memphis</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>Laughlin Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>299th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stacey</u> b. (Middle) <u>Alvin</u> c. (Last) <u>Woods</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1957</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>August 19, 1871</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Andrew J. Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy E. Lancaster</u>			14. NAME OF HUSBAND OR WIFE <u>Louella Woods</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Woods</u> ADDRESS <u>Memphis 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TERMINAL UREMIA</u> ANTECEDENT CAUSES DUE TO (b) <u>CHRONIC NEPHRITIS</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>IMPACTED FRACTURE L. FEMUR</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>ANEMIA - SENILITY</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u> <u>7-29-57</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? <u>2</u> 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.) <u>NURSING HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LABELLE? (Scotland Co. Miss)</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-29-57</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FELL OUT OF BED</u>			
22. I hereby certify that I attended the deceased from <u>7-29</u> , 19 <u>57</u> , to <u>8-1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8-1</u> , 19 <u>57</u> , and that death occurred at <u>1:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Paul Laughlin, Jr. M.D.</u>				23b. ADDRESS <u>204 Rutledge, Mo</u>		23c. DATE SIGNED <u>8-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 9, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland Co. Missuri</u>	
DATE REC'D BY LOCAL REG. <u>8-5-1957</u>		REGISTRAR'S SIGNATURE <u>Joris W. Ratliff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Blackwell</u> ADDRESS <u>Memphis</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..... *Fred Gerst*

Licensed Embalmer No. *42*

P. O. Address *Mum*

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.