

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29033

STATE FILE NUMBER

FILED SEP 13 1957

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) Waynesville, Mo. OR TOWN Waynesville, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN LaQuey, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Way. Gen. Hosp. HOSPITAL OR INSTITUTION				d. STREET ADDRESS Rural Rt. # (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Robert Middle Harding Last Woody				4. DATE OF DEATH Month 9 Day 5 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 27, 1893	
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		11. BIRTHPLACE (City and state or country) Cookville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter.				10b. KIND OF BUSINESS OR INDUSTRY Service Station Operator.			
13. FATHER'S NAME Robert Woody.				14. MOTHER'S MAIDEN NAME Sally Ann Cook.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give year or dates of service) World War I		16. SOCIAL SECURITY NO. Unknown.		17. INFORMANT Hazel May Woody LaQuey, Missouri Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary thrombosis DUE TO (c) cardio vascular renal disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 21 days	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month p. m. Day Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from past three years and last saw her him alive on 9-5-57 Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. E. Nickels, D.O. (Degree or title)				22b. ADDRESS Waynesville, Missouri		22c. DATE SIGNED 9-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/7/57		23c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cemetery		23d. LOCATION (City, town, or county) (State) Hazelgreen, Missouri	
24. FUNERAL DIRECTOR Hodges Funeral Home ADDRESS Waynesville, Mo				25. DATE RECD. BY LOCAL REG. 9-7-57		26. REGISTRAR'S SIGNATURE Paul Mae Anderson	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-7-57
Pulaski County Health Officer
File Number 113
Date Filed 9-7-57

EX-113

OCT 3 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence Shross*

Licensed Embalmer No. 48

P. O. Address *Waggoner*

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.