

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022829
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 0280 RURAL-COURTAGE 1W? Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PHELPS C. MEM.		Length of stay in 1b 4 DAYS	
		d. STREET ADDRESS (If outside, give location) 6 M. E. STEELVILLE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First NOAH Middle JAMES Last WOODS			4. DATE OF DEATH 6-5-1958 Month Day Year			
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 10-19-1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) CRAWFORD Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME GEORGE WOODS			14. MOTHER'S MAIDEN NAME NANCY WALLER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. LOLA WOODS - STEELVILLE MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3-4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		unk.
DUE TO (c) Generalized Arteriosclerosis		unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 331X		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					

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 6-1-58 to 6-5-58 and last saw ^{them} _{him} alive on 6-4-58 Death occurred at 10:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Samuel C. Bonney M.D.		22b. ADDRESS St. Louis, Mo.		22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-7-1958	23c. NAME OF CEMETERY OR CREMATORY CHERRY VALLEY CEM.	23d. LOCATION (City, town, county) (State) CRAWFORD Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Holbert FOWLER Home STEELVILLE Mo.		25. DATE RECD. BY LOCAL REG. June 16 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number 1073

Date Filed JUN 23 1958

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 M.L., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Cal J. Glenn

Licensed Embalmer No. 470

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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..