

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018348
STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 181 Primary Registration District No. ~~5674~~ 5675 Registrar's No. 18

300
-57

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurricane		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0570 Elsberry		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION mi. 12 S.W. of Elsberry		Length of stay in lb 27 yr.	d. STREET ADDRESS (If outside, give location) 12mi S.W. of Elsberry		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LAURANCE WOODS			4. DATE OF DEATH Month Day Year May 20, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1894		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months 9 Days 14 Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Brumley Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Eldon High		13b. MOTHER'S MAIDEN NAME Lucy Gilmore		14. NAME OF HUSBAND OR WIFE W.R. Woods	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 496-30-4297	17. INFORMANT Address W.R. Woods Elsberry MO.		
18. CAUSE OF DEATH (Enter only one cause part nine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma c Metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Gall. Bladder DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1551					INTERVAL BETWEEN ONSET AND DEATH 8 mos
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.) not confined at surgery 2/19/59 -			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 2/10/59 to May 20, 1959 and last saw her alive on my 20/59 Death occurred at 2.20A.M. m on the date stated above; and to the best of my knowledge, from 6 causes stated.		22a. SIGNATURE (Degree or title) Deloree M W		22b. ADDRESS Troy MO	
22c. DATE SIGNED 5/21/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 23, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		23d. LOCATION (City, town, or county) (State) 1293 St. Cyr Road St Louis 37 MO.	
24. FUNERAL DIRECTOR ADDRESS DW McLaughlin		25. DATE RECD. BY LOCAL REG. 5/23/59		26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 JUN 8

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 *D. J. Mc Coy*
Licensed Embalmer No. *3586*

P. O. Address *Irving Ave*

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.