URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1960

-60-026293
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 262

NDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 38 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Hartsburg — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Cora Middle Reke Last Woods

4. DATE OF DEATH Month July Day 22 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-7-1905
9. AGE (last birthday) 53 years — IF UNDER 1 YEAR Months 11 Days 15 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Warren Co., Missouri
12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME William Wilmsmeyer
13b. MOTHER'S MAIDEN NAME Minnie Vahrenberg
14. NAME OF HUSBAND OR WIFE Jesse Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Jesse Woods, Address Hartsburg, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Metastasis — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary site left breast
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Oct/59, to July 22/60 and last saw her alive on July 22/60
Death occurred at _____ in on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leon A. Taylor M.D.
22b. ADDRESS Jefferson City, Mo.
22c. DATE SIGNED 7-25-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 24th 1960
23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery
23d. LOCATION (City, town, or county) (State) Boone County, Missouri

24. FUNERAL DIRECTOR ADDRESS Tanner Service, Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG. 27 July 1960
26. REGISTRAR'S SIGNATURE R.P. Dorris, Mtr. N. Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald P. Freema

Signature of Student Embalmer

Licensed Embalmer No. 4623

P. O. Address Jms

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