

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026603

FILED VS JUL 25 1960

132

Primary Registration District No. 3021

Registrar's No. 120

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Length of stay in 1b <b>28 Days</b>	c. CITY OR TOWN <b>Laredo</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wright Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>✓</b>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Elizabeth</b> Last <b>Woods</b>			4. DATE OF DEATH Month <b>July</b> Day <b>17</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 31 1918</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>7</b> Day <b>12</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Grundy County Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Miller Tolson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Jane Pridemore</b>		14. NAME OF HUSBAND OR WIFE <b>Christopher I. Woods</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Salvia P. Ness 300 So Belmont St</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
IMMEDIATE CAUSE (a) <b>Carcinoma of Uterus</b>	DUE TO (b) <b>Intestinal Obstruction</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Intestinal Obstruction</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>			

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.) <b>June 11 1957 July 17 1960</b>	20f. CITY, TOWN, OR LOCATION <b>Trenton</b>	COUNTY <b>Grundy</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>June 11 1957</b> and last saw her <b>July 17 1960</b> Death occurred at <b>4:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Oliver F. Duffly MD</b> (Degree of title)		22b. ADDRESS <b>Trenton</b>		22c. DATE SIGNED <b>July 19 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/19/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laredo Cemetery</b>	23d. LOCATION (City, town, or county) <b>Laredo</b>	(State) <b>Mo</b>
24. FUNERAL DIRECTOR <b>E.J. Robertson Funeral Home</b>		ADDRESS <b>Laredo</b>	25. DATE RECD. BY LOCAL REG. <b>7-19-60</b>	26. REGISTRAR'S SIGNATURE <b>J. E. Jar</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 J. M. Berton

Licensed Embalmer No. 4388

P. O. Address Laredo

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.