

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5776

State File No. ....

FILED MAR 9 1954 REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>		c. CITY OR TOWN <b>Orrick</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 year</b>		e. STREET ADDRESS (If rural, give location) <b>0890</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Penny Rest Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MAUDE</b>	b. (Middle) <b>BLANCHE</b>	c. (Last) <b>WOODS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 2, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Aug. 7, 1885</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>25</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jacob Woods</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Harris</b>	14. NAME OF HUSBAND OR WIFE <b>Never married.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Neeley Woods,</b> ADDRESS <b>Orrick, Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery occlusion</b>		<b>5 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arterio-sclerotic Cardio-vascular</b>		<b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>renal disease</b>		<b>unknown</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 17, 1954**, to **March 2, 1954**, that I last saw the deceased alive on **March 2, 1954**, and that death occurred at **11:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. W. Johnson M.D.</b> (Degree or title)	23b. ADDRESS <b>Richmond Mo</b>	23c. DATE SIGNED <b>3/6/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-4-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>O'Dell</b>	24d. LOCATION (City, town, or county) (State) <b>Ray County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 6 1954</b>	REGISTRAR'S SIGNATURE <b>M. J. Jackson</b> 273	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas J. Carter</b> ADDRESS <b>Richmond, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Thomas J. Carter*.....

Licensed Embalmer No. *44*.....

P. O. Address *Richmond*.....

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.