

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25440

State File No.

REC'D AUG 11 1952

BIRTH NO.		REG. DIST. NO. <u>296</u>		PRIMARY REG. DIST. NO. <u>6018</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0890</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - FISHING (River) Bay</u> c. LENGTH OF STAY (in this place) <u>8 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles North East Elkhorn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0790</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Rayville, R.R. 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NEELEY</u> b. (Middle) <u>W.</u> c. (Last) <u>WOODS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 17, 1887</u>	
9. AGE (In years, last birthday) <u>65</u>		10. MONTHS <u>4</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired, Chief Laurel Saw. Hoop & Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Clay County, Mo.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Mo.</u>	
13a. FATHER'S NAME <u>James Robert Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Ann Samples</u>		14. NAME OF HUSBAND OR WIFE <u>Ella O'Dell Woods</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella O'Dell Woods, R.R. 2 Rayville, Mo.</u> ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>?</u>		19b. MAJOR FINDINGS OF OPERATION <u>Colostomy done at Ellis Fischel Cancer Hospital</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>10/29</u> , 19 <u>49</u> , to <u>Aug 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/30</u> , 19 <u>52</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D.R. M. Craden M.D.</u> (Degree or title)				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>8/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6-1952</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u> <u>272</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Hope, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 19 1932

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

Student Embalmer

Signed

Chas Lutzel Hope

Licensed Embalmer No. *3950*

P. O. Address *Excelsior Springs*

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 this body is not embalmed, fact should be so stated above.