

FILED SEP 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30290

State File No. _____

Registration District No. 176

Primary Registration District No. 4280

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Stotts City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Native
years, months or days

3. (a) PRINT FULL NAME

Robert C. Wooten

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race w
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased 9-10-1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 13 If less than one day hr. _____ min.

9. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER, FATHER

11. Industry or business
12. Name Thomas C. Wooten
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Josephine Mathers
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Wooten
(b) Address Stotts City Mo. R.

17. (a) Burial (b) Date thereof 7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goss Ferry
18. (a) Signature of funeral director Marion Guman
(b) Address Miller Mo.

19. (a) 8-19-48 (b) W. S. Burkney
(Date received local registrar) (Registrar's signature) 1578

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LAWRENCE
(c) City or town Stotts City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-26-48
to 7-20-48
that I last saw him alive on 7-20-48
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration 6 wks.

Due to Arteriosclerotic heart disease 1 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AAA
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature E. S. Gandy (M. D. or other) _____
Address Springfield, Mo. Date signed 8/11/48

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

RECEIVED
District Health Officer No. 6,
District File Number 948-1075-
Date Filed SEP 27 1948

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

E. A. Seaman

Licensed Embalmer No.

3297

P. O. Address

Miller Mo

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.