

No. 300
10. 48

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7644

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BOLLINGER		
b. CITY OR TOWN CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 18 days	c. CITY OR TOWN LUTESVILLE		9 0
d. FULL NAME OF HOSPITAL OR INSTITUTION S. E. Mo. Hospital			d. STREET ADDRESS (If rural, give location) 1 0		

3. NAME OF DECEASED (Type or Print) a. (First) JASPER b. (Middle) W. c. (Last) WOODFIN			4. DATE OF DEATH (Month) (Day) (Year) MARCH 6 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 9, 1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 6 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CAPE COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME B. J. Woodfin		13b. MOTHER'S MAIDEN NAME MARY ANN LEGGETT		14. NAME OF HUSBAND OR WIFE REBECCA WOODFIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rebecca Woodfin Lutesville		

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyper-tensive Cardiovascular renal disease 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. Serility - Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X		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) (m.)	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 **3/6**, 19**49**, to **3/6**, 19**49**, that I last saw the deceased alive on **3/6**, 19**49**, and that death occurred at **9:35** m., from the causes and on the date stated above.

23a. SIGNATURE Phyllis Crowl (Degree or title)	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 3/19/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 9 1949	24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	24d. LOCATION (City, town, or county) (State) Lutesville, Mo.
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DATE REC'D BY LOCAL REG. 3-21-1949	REGISTRAR'S SIGNATURE C. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bakers Funeral Home Lutesville
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(Licensed Embalmer's Statement on Reverse Side)

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

16
4

710

RECEIVED

Officer No. 4
Number 349-4
3-28-

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.

Signed _____

A J Baker

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3573

P. O. Address _____

St. Paul, Minn.

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.