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No. 300
10.48

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2219

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 22

780 3

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hayti
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ Mi South Hayti on 61 Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stuttgart 80 30
d. STREET ADDRESS (If rural, give location): 902 E. 7th Street 8

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Adam
c. (Last): Woodall

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Unknown
9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman + Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Seed Company
11. BIRTHPLACE (State or foreign country): Hazen, Ark. 1
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Alec Woodall
13b. MOTHER'S MAIDEN NAME: Carrie Woodall
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 429-05-2211
17. INFORMANT'S SIGNATURE OR NAME: Paul Woodall
ADDRESS: Stuttgart, Ark.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Accident

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) E8161

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 26

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 078
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hayti, Pemiscot, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 5, 1952 11:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: James A. Osburn (Degree or title) Coroner
23b. ADDRESS: Wardell, Mo
23c. DATE SIGNED: 2-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Lone Tree Cemetery
24d. LOCATION (City, town, or county) (State): Stuttgart, Ark.

DATE REC'D BY LOCAL REG.: 2-6-52
REGISTRAR'S SIGNATURE: John W Herman 406-P
25. FUNERAL DIRECTOR'S SIGNATURE: Turpin Funeral Home
ADDRESS: Stuttgart, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

2-52-51

Rec. FEB 8 1952

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S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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