

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4496

State File No. ....

FILED DEC 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex Richland Twp.</u> c. LENGTH OF STAY (in this place) <u>13 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex Richland Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tom</u>	b. (Middle) <u>Shaw</u>	c. (Last) <u>Woodson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1953</u>
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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>March 10, 1891</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Woodson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>X X</u>	16. SOCIAL SECURITY NO. <u>X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura Woodson, Essex, Mo.</u>	ADDRESS <u>R. 1</u>
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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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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.			

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) (Min.)	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 12-1, 1953, to 12-2, 1953, that I last saw the deceased alive on 12-2, 1953, and that death occurred at 2:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Jarno, M.D.</u> (Degree or title)	23b. ADDRESS <u>Morhause, Mo.</u>	23c. DATE SIGNED <u>12-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Claudine Hillard</u> <u>437</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Dexter, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
No. 48  
1031

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 \_\_\_\_\_

*Earl W. Watkins*

Student Embalmer No. *489*

working under my personal supervision.

Student *Earl W. Watkins*

Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.