

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29987**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **277**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (In this place) 1 Wk.	c. CITY OR TOWN Auxvasse	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		e. STREET ADDRESS (If rural, give location) 0140	

3. NAME OF DECEASED (Type or Print)	a. (First) Guy	b. (Middle) Forrest	c. (Last) Woodson	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY State Hospital Employee	11. BIRTHPLACE (City and State or Foreign Country) Shamrock Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rueben C. Woodson	13b. MOTHER'S MAIDEN NAME Mahala Payton	14. NAME OF HUSBAND OR WIFE Tina Woodson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 490 30 7988	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tina Woodson	ADDRESS Auxvasse Mo
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		6 das
	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 4201	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) 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 **9-19**, 1954, to **9-25**, 1954, that I last saw the deceased alive on **9-25**, 1954, and that death occurred at **8:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Brown MD	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 9-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Auxvasse	24d. LOCATION (City, town, or county) (State) Auxvasse Missouri
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DATE REC'D BY LOCAL REG. Oct 2-1954	REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home Auxvasse Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Dwight A. Stewart*.....

Licensed Embalmer No. *372*.....

P. O. Address *Duilton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.