

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1487

127

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 127			
1. PLACE OF DEATH a. COUNTY Johnson Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Flippin					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flippin		d. STREET ADDRESS (If rural, give location) General Delivery			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital				d. STREET ADDRESS (If rural, give location) General Delivery					
3. NAME OF DECEASED (Type or Print) a. (First) Dow		b. (Middle) Thomas		c. (Last) Wooton		4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 13 1887			
9. AGE (in years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Roofing		11. BIRTHPLACE (State or foreign country) Big Flat Arkansas			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Walter Wooton		13b. MOTHER'S MAIDEN NAME Cassie Brantley		14. NAME OF HUSBAND OR WIFE Mae Wooton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J W Wooton 4430 E 51st, Kansas City Mo					
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) Coronary febrile ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Increased intracranial pressure DUE TO (c) Probable Bacteremia Septicemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia (n.m.o.)				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 7 days. 2 mo 237 X	
19a. DATE OF OPERATION 1-9-56		19b. MAJOR FINDINGS OF OPERATION Osalene		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) (Minute)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from Jan 2 1956, to Jan 9 1956, that I last saw the deceased alive on Jan 9 1956, and that death occurred at 5 P. m., from the causes and on the date stated above.									
23a. SIGNATURE John T. Skinner (Degree or title) MD				23b. ADDRESS 1102 Grand Ave 91. PMB		23c. DATE SIGNED 1-9-56			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Jan 9 1956		24c. NAME OF CEMETERY OR CREMATORY Flippin Cemetery		24d. LOCATION (City, town, or county) (State) Flippin Arkansas			
DATE REC'D BY LOCAL REG. 1-10-56		REGISTRAR'S SIGNATURE Neva Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kate Daniels Parish 1536 Mountain Road, Mo					

(Licensed Embalmer's Statement on Reverse Side) 1536 Mountain Road, Mo

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

106-7018

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.....

Geo. F. Porter

Licensed Embalmer No. 3659

P. O. Address N.C.K.

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

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