

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19475**

FILED JUN 14 1957

BIRTH NO. **53267-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5343**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN		c. CITY OR TOWN		d. FULL NAME OF HOSPITAL OR INSTITUTION	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location)		f. DISTANCE WITHIN LIMITS OF INCORPORATED TOWN?	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX	
a. (First)		(Month) (Day) (Year)		6. COLOR OR RACE	
b. (Middle)		6 5 52		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
c. (Last)		7 9 19		8. DATE OF BIRTH	
9. AGE (In years last birthday)		8-17-56		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
None		None		Bonnie Terra, Missouri	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Cal. Vester Woodward		Edith Huskey		Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
No		None		Alice Trawbridge, 500 S. Kings Highway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Transposition of Great Vessels			
ANTECEDENT CAUSES		MORIBUND 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.		7546	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
4 June 57		Transposition of Great Vessels		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)	
				De Soto Mo.	
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?	
22. I hereby certify that I attended the deceased from 3-25, 1957, to 6-5, 1957, that I last saw the deceased alive on 6-5, 1957, and that death occurred at 2:20 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
Barbara Jones, M.D.		Children's Hospital		JUN 7 57	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
REMOVAL		JUNE 5 1957		De Soto	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
De Soto Mo.		D. B. DIETRICH		De Soto Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			
JUN 7 57		J. Call Smith			

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 *Lowell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Adelphi Md*

**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.**