

FILED JAN 30 1958

STANDARD CERTIFICATE OF DEATH

47682  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12461

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Winfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in 1b	d. STREET ADDRESS 3/		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Claudia Ann Woodson			4. DATE OF DEATH Month Day Year December 25, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Springtown, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Tom Jackson		13b. MOTHER'S MAIDEN NAME Mary Schloven		14. NAME OF HUSBAND OR WIFE Joseph	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Earl Woodson, Foley, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>2nd &amp; 3rd degree burns of 50% of body.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>E 916.0 16</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered severe burn (trauma) with head injury occurred in home at Winfield, Missouri, on December 19, 1957.</i>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter only one injury in PART I (a) and (b).) <i>with head injury occurred in home at Winfield, Missouri, on December 19, 1957.</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12 19 57 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>31 Noye</i>	
		20f. CITY, TOWN, OR LOCATION <i>Winfield Mo</i>		COUNTY STATE <i>057 MO</i>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <i>515</i> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Kelly</i> (Degree or title) <i>Deputy</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12-26-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12-27-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>Ricks Funeral Home, Elsberry, Mo.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>DEC 26 57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mjs</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 30 1958

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 *J.W. Dandley*

Licensed Embalmer No. 3653

P. O. Address *M. Lewis & Co.*

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.