

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013525  
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 32

Health,  
& Welfare  
Public  
Service

300  
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Carroll</u> <u>0170</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Braymor</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Watzol Hosp.</u> Length of stay in lb <u>2 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FREDERICK</u> Middle <u>H.</u> Last <u>WOODEN</u>			4. DATE OF DEATH <u>4/11/58</u> Month <u>4</u> Day <u>11</u> Year <u>58</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>5/1/1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	9c. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>3</u> IF UNDER 24 HRS.: Hours <u>7</u> Min. <u>3</u>
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>retired</u>	10c. BIRTHPLACE (City and state or country) <u>Carroll Co., Mo.</u>
11. BIRTHPLACE (City and state or country) <u>Carroll Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John F. Wooden</u>		14. MOTHER'S MAIDEN NAME <u>Emma A. Hall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>533-14-1549</u>	17. INFORMANT <u>Harold Wooden</u> Address <u>Braymor, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock, Senility, Fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>St. Gonor; Pneumia</u> DUE TO (c) <u>Alcoholism</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>9020</u>			INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell from porch at home.</u>			
20c. TIME OF INJURY Hour <u>4</u> Month <u>9</u> Day <u>58</u> Year <u>58</u> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
20f. CITY, TOWN, OR LOCATION <u>Braymor, Carroll Co., Mo.</u>		20g. STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-10-58</u> to <u>4-11-58</u> and last saw him alive on <u>4-11-58</u> Death occurred at <u>4 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Wm. C. ...</u>			22b. ADDRESS <u>Carrollton, Mo.</u>
22c. DATE SIGNED <u>4-11-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4/15/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Enon cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carroll Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Michael Funeral Home, Braymor, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/15/58</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Herbert ...</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Lemb. Michael*

Licensed Embalmer No. *43*

P. O. Address *Braym*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.