

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015385

STATE FILE NUMBER
2438

FILED MAY 6 1958

Registration District No. 301

Primary Registration District No. 6041

Registrar's No.

5. 300
1-57

710

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

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Naylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Naylor
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in 1b years	d. STREET ADDRESS (If outside, give location) Gen. Del.
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL BOONE WOODARD			4. DATE OF DEATH Month Day Year April 16, 1958
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Naylor, Missouri 0
13a. FATHER'S NAME James Axsom Woodard		13b. MOTHER'S MAIDEN NAME Elizabeth Docenia	14. NAME OF HUSBAND OR WIFE Della Woodard
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. 499-30-4035	17. INFORMANT Address Mrs. Fern Brink St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of Colon with 6 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) generalized abdominal metastases DUE TO (c) 1538			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3-7-58 to 4-16-58 and last saw him alive on 4-16-58 Death occurred at 11:40 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. R. Smith, D.O. 2		22b. ADDRESS Naylorville, Mo.	22c. DATE SIGNED 4-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/18/1958	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Naylor, Missouri
24. FUNERAL DIRECTOR Edwards-Parrent - Naylor, Mo.		25. DATE RECD. BY LOCAL REG. 4-25-1958	26. REGISTRAR'S SIGNATURE [Signature]

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 *Gene Harwood*

Licensed Embalmer No. *4809*

P. O. Address *Naylor, Mo*

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.