

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020594

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 79

S. 300
v. 1-57

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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 Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Carthage 6493
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State School		Length of stay in lb 19 yrs.	d. STREET ADDRESS (If outside, give location) 1206 N. Olive
3. NAME OF DECEASED (Type or print) First Middle Last William Jerome Woodmansee			4. DATE OF DEATH Month Day Year May 25, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 30
11. BIRTHPLACE (City and state or country) Knoxville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Euclid J. Woodmansee		13b. MOTHER'S MAIDEN NAME Clara Faye Weaver	14. NAME OF HUSBAND OR WIFE None
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 Address Mo. State School Records, Marshall, 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) Acute cardiac dilatation during epileptic convulsion. DUE TO (b) Epilepsy. DUE TO (c) Congenital arrested development with epilepsy. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input 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.)	
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 July 13, 1953 to May 25, 1958 and last saw ^{him} him alive on May 24, 1958 Death occurred at 5:15 a.m. on 5-25-1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>George A. Johnson MD</i>		22b. ADDRESS Marshall, Mo.	22c. DATE SIGNED 5-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/27-1958	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Missouri
24. FUNERAL DIRECTOR Sweeney-Reser Funeral Home, Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 5-25-58	26. REGISTRAR'S SIGNATURE <i>Cecil G. Read</i>

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 *Jack Wiser*

Licensed Embalmer No. *4643*

P. O. Address *Marshall, W.*

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.