

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028881
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 804

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Springfield</u> <u>0396</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u> | | Length of stay in lb <u>5 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>923 S. Fort</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>CURTIS</u> Middle <u>J.</u> Last <u>WOODBURN</u> | | | 4. DATE OF DEATH Month <u>Aug.</u> Day <u>15,</u> Year <u>1958</u> | | | |
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| 5. SEX <u>Male</u> <u>c</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 14, 1888</u> | 9. AGE (In years at birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | 11. BIRTHPLACE (City and state or country) <u>Wosseon, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>R. S. Woodburn</u> | 13b. MOTHER'S MAIDEN NAME <u>Clara (UNKNOWN)</u> | 14. NAME OF HUSBAND OR WIFE <u>Mila</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown <input type="checkbox"/>) <u>no</u> | 16. SOCIAL SECURITY NO. <u>329-10-7464</u> | 17. INFORMANT <u>Mrs. Mila Woodburn Springfield, Mo.</u> Address |
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| 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>Cerebral thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerosis</u> | | <u>unknown</u> |
| | DUE TO (c) <u>332X</u> | | |
| 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"/> <u>2</u> | |

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| 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. _____ | |

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| 20d. INJURY OCCURRED WHILE AT <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.) | 20f. CITY, TOWN, OR LOCATION <u>Springfield,</u> COUNTY _____ STATE _____ |
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21. I attended the deceased from August 9, 1958 to Aug. 15, 1958 and last saw him alive on Aug. 15, 1958
Death occurred at 5:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>L. Richard Webb M.D.</u> | 22b. ADDRESS <u>609 Cherry, Springfield, Mo.</u> | 22c. DATE SIGNED <u>8/18/58</u> |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u> | 23b. DATE <u>Aug. 18, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Ralph Thieme Springfield, Mo. LM</u> | 25. DATE RECD. BY LOCAL REG. <u>8-26-58</u> | 26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address.. Springfield, 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.