THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029621
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 187 Primary Registration District No. 5693 Registrar's No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY LIVINGSTON		a. STATE Missouri b. COUNTY Carroll	
b. CITY OR TOWN Blue Mound	Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Dawn 0170	Inside Limits Yes [ ] No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) On Highway	Length of stay in Ib 1 Year	d. STREET ADDRESS RFD (If outside, give location)	Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
Clarence	Wooden	Christmas	July 27, 1958

5. SEX	6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	WIDOWED [X]	March 16, 1884	74	5	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer		Carroll County, Mo.	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Wm. Christmas	Nancy Staton	Lillie (Wooden) Christmas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No	No	490-40-9063	Mrs. Mildred Zullig	Dawn, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Shock - Severe — INTERVAL BETWEEN ONSET AND DEATH: few Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fracture Legs - Bilateral — few minutes

DUE TO (c)

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 [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by car While Crossing road

20c. TIME OF INJURY 9 a.m. p.m. July 27 58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country Road

20f. CITY, TOWN, OR LOCATION Dawn COUNTY Livingston STATE Mo

21. I attended the deceased from None, to ____ and last saw him alive on July 27-58

Death occurred at 9:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph P. Conrad (Degree or title) M.D. (Coroner) — 22b. ADDRESS Chillicothe, Mo — 22c. DATE SIGNED Aug 1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 7/30/1958 — 23c. NAME OF CEMETERY OR CREMATORY Blue Mound — 23d. LOCATION (City, town, or county) (State) Blue Mound, Missouri

24. FUNERAL DIRECTOR Clifford W. Austin — ADDRESS Tina, Mo. — 25. DATE RECD. BY LOCAL REG. Aug-1-58 — 26. REGISTRAR'S SIGNATURE Francis B. Neill

(Licensed Embalmer's Statement on Reverse Side)

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.

OCT 14 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 .....

Licensed Embalmer No. 3233

P. O. Address .....

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.