

t. Health,
& Welfare
s. Public
r. Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039082

STATE FILE NUMBER

FILED DEC 15 1958

XC-

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 686

REG. # 17497

S. 300
C
1-57

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN POCAHONTAS 80308
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in lb 4 Days	d. STREET ADDRESS (If outside, give location) MAYNARD ROUTE
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First WILLIAM Middle SAM Last WOODWORTH	4. DATE OF DEATH Month NOVEMBER Day 8 Year 1958
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5. SEX MALE	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 3-24-97	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HRS. Hours 10 Min. 00
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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) EIOLA, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE VIRGIE WOODWORTH
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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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) PYELONEPHRITIS.		INTERVAL BETWEEN ONSET AND DEATH 1 Year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ 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
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21. attended the deceased from Nov. 4, 1958 to Nov. 8, 1958 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Robert S. Cohen (Diploma) ROBERT S. COHEN, M.D., Chief, Medical Svc., VA Hosp., Poplar Bluff, Mo.	22b. ADDRESS VA Hosp., Poplar Bluff, Mo.	22c. DATE SIGNED 11/10/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-10-58	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Pocahontas, ARK.
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24. FUNERAL DIRECTOR ADDRESS H. G. M. Noble Pocahontas Ark.	25. DATE RECD. BY LOCAL REG. 12/16/58	26. REGISTRAR'S SIGNATURE R. M. Murrell
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

89

RECEIVED

OUTLER CO. HEALTH CENTER

FILE No. _____

FILE No.

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 H. G. McHale _____

Licensed Embalmer No. 610

P. O. Address Paterson, N.J.

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.