

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040951
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 67

S. 300
1-57

Alan S. Gubin, MD.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Caruthersville | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caruthersville, Rt. 1-Island 16 | | Length of stay in lb 52 yrs. | d. STREET ADDRESS (If outside, give location) 0780 Route One | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Delores woods | | | 4. DATE OF DEATH Month Day Year November 2, 1958 | | |
| 5. SEX Female | 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 28, 1906 | 9. AGE (In years last birthday) 52 IF UNDER 1 YEAR: Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Caruthersville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Wilkie W. white | | 13b. MOTHER'S MAIDEN NAME Sarah F. Crowell | | 14. NAME OF HUSBAND OR WIFE Willie T. Woods | |
| 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 Route 1 Willie T. Woods-Caruthersville, 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) C. V. A. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 years |
| 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.) F | | | |
| 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 _____ to _____ and last saw her alive on _____ Death occurred at 4:55 P.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Alan S. Gubin, MD | | | 22b. ADDRESS Caruthersville, Mo | | 22c. DATE SIGNED Nov 11, 1958 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Nov. 8, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery | | 23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri |
| 24. FUNERAL DIRECTOR H.S. Smith Funeral Home-C'ville. Mo. | | | 25. DATE RECD. BY LOCAL REG. 11-13-1958 | | 26. REGISTRAR'S SIGNATURE Jessie B. Welch |

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 *W. Denver Pike*

Licensed Embalmer No. *4984*

P. O. Address *Courthouseville, 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.