

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043830

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1241

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mountain Grove</b> 1148 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>R.F.D.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>VICKIE</b> Middle <b>LEE</b> Last <b>WOODS</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>24</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 28, 1950</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School child</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>7</b> F UNDER 1 YEAR Months Days Hours Min. 11. BIRTHPLACE (City and state or country) <b>Springfield, Mo.</b> 12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Don L. Woods</b>		13b. MOTHER'S MAIDEN NAME <b>Maxine Myers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT <b>Don L. Wood, Mountain Grove, Mo.</b>			Address <b>X</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hematoma and Edema</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pneumonia</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 checked="" 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.) <b>Two car crash on hi way near home while on way</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>12-21-58</b>		<b>to church</b>	
20d. INJURY OCCURRED WHILE AT WORK <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.) <b>Hi way near Home Mtn. Grove</b>	
20f. CITY, TOWN, OR LOCATION <b>Mountain Grove</b>		COUNTY <b>Wright</b>	STATE <b>MO</b>
21. I attended the deceased from <b>December 21, 1958</b> to <b>12-24-58</b> and last saw her alive on <b>12-24-58</b> Death occurred at <b>9:10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John E. King M.D.</b>		22b. ADDRESS <b>1636 So. Glenstone</b>	
22c. DATE SIGNED <b>12-31-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 28, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mountain Grove, Mo.</b>
24. FUNERAL DIRECTOR <b>Russell W. Barber, Mtn. Grove, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-2-59</b>
		26. REGISTRAR'S SIGNATURE <b>Effie E. Meller</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *George Stapp* .....

Licensed Embalmer No. *3161* .....

P. O. Address *Mt. Rainier* .....

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.