

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043856

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 133 Primary Registration District No. Registrar's No. 160

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt. Meriah		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harrison County Farm		Length of stay in lb 1 1/2 Yrs.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Jefferson Last Wooderson			4. DATE OF DEATH Month December Day 8 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH December 6, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General farm	11. BIRTHPLACE (City and state or country) Harrison County Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Rosetta Wooderson (Deceased)	
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 Russell Wooderson Address Ridgeway, 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) Broncho-Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) General Debility					6 mo.
DUE TO (c) Carcinoma of Stomach					6 mo.
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.) 151X		
20c. TIME OF INJURY Hour 10:00 Month, Day, Year 6-1-58					
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 Bethany, Mo.		STATE Mo.
21. I attended the deceased from 6-1-58 , to 12-8-58 and last saw ^{him} alive on 12-8-58 Death occurred at 10:00 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hubert M. Thayer D.O.</i> (Degree or title)			22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 12-10-58
23a. BURIAL CREMATION REMOVED <input type="checkbox"/> Buried	23b. DATE Dec. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		23d. LOCATION (City, town, or county) (State) RFD Ridgeway, Mo.	
24. LOCAL HEALTH OFFICER <i>[Signature]</i>		ADDRESS Cainsville, Mo.	25. DATE RECD. BY LOCAL REG. 12-15-58	26. REGISTRAR'S SIGNATURE <i>Gella Maxey</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

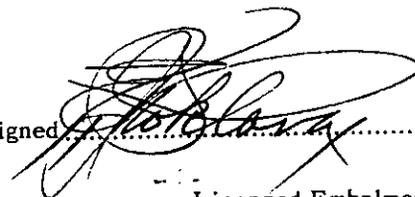
ALL diseases in Part I must be causally related. All diseases in Part II must be causally related.

Occur, continue, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 Edie J. Steklasa....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3602.....
P. O. Address Cainsville, 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.