

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000517

STATE FILE NUMBER

FILED FEB 5 1959

Registration District No. 53

Primary Registration District No. 2010

Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Cape Girardeau</b> TOWN		c. CITY OR TOWN <b>East Prairie</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS <b>Gen. Del</b>	

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Henry</b> Last <b>Woodard</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>2</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 18, 1883</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Wolf Island, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lindsey Woodard</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Polsten</b>	14. NAME OF HUSBAND OR WIFE <b>Mae (Gilber) Woodard</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Unknown</b> (If yes, give branch and service)	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Mae Woodard East Prairie, Missouri</b>
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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) <b>hemorrhage</b> <i>(kidneys nose &amp; throat)</i>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diabetes?</b>		
DUE TO (c) <b>Had received sine bend to reduce blood pressure, but not reduced the blood pressure sufficiently to avert a cerebral &amp; renal hemorrhage.</b>		

PART II. OTHER SIGNIFICANT CONDITIONS (e.g., pre-existing disease, but not related to the vital process causing death) <b>Arteriosclerosis &amp; renal hemorrhage</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <b>953 X</b>
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	<b>46</b>
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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 <b>East Prairie, Missouri</b>	COUNTY <b>33</b> STATE <b></b>
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21. I attended the deceased from **12-29-58**, to **1-2-59** and last saw him alive on **1-2-59**  
Death occurred at **5:15 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>W. O. Woodard</b>	(Degree or title)	22b. ADDRESS <b>219 N. Pacific Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>1-8-59</b>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Buried</b>	23b. DATE <b>Jan. 4, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>W. O. W. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>East Prairie, Missouri</b>
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24. FUNERAL DIRECTOR <b>Travis Shelby East Prairie, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 29, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Homer Cooper</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 *Travis Shelly Jr.* .....

Licensed Embalmer No. *4940*.....  
P. O. Address *East Kalamazoo*.....

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.