

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004377
STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Port. Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none Length of stay in lb X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Rock Port. Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Charles W Wooten

4. DATE OF DEATH Month Day Year
2-9-1959

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** **NEVER MARRIED**
WIDOWED **DIVORCED**

8. DATE OF BIRTH 10-1-1878 **9. AGE** (In years last birthday) 81 IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** Agriculture **11. BIRTHPLACE** (City and state or country) Knoxville, Tenn **12. CITIZEN OF WHAT COUNTRY?** US

13a. FATHER'S NAME Raymond Wooten **13b. MOTHER'S MAIDEN NAME** Hester Merritt **14. NAME OF HUSBAND OR WIFE** Sadie Wooten

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** Mrs Mildred Kirk, Rock Port, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lymphoma Sarcoma Cervical Lymph Nodes INTERVAL BETWEEN ONSET AND DEATH 6 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic Lymphoma Sarcoma - Broni 1 month.
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 NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT **NOT WHILE**
WORK **AT WORK**

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 Nov 1956 to Feb., 1959 and last saw ^{her} _{him} alive on Feb 7, 1959
Death occurred at 12:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Allen, MD **22b. ADDRESS** _____ **22c. DATE SIGNED** _____

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 2-11-1959 **23c. NAME OF CEMETERY OR CREMATORY** Mount Olive **23d. LOCATION** (City, town, or county) (State) Hamburg, Ia.

24. FUNERAL DIRECTOR Bartholomew Mortuary, Rockport, **25. DATE RECD. BY LOCAL REG.** Feb 10, 1959 **26. REGISTRAR'S SIGNATURE** Marvin N. Scheeler

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6561 5 MAY

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 *Gretz Barstow*

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.