Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009899

STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Joplin — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Freeman — Length of stay in 1b: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin 0495 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2110 Porter — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mark Middle: Roger Last: Woods

4. DATE OF DEATH Month Day Year: March 6, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: March 6, 1959

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: 6 Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Paul J. Woods

13b. MOTHER'S MAIDEN NAME: Betty Jean Cox

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Paul J. Woods Address: Joplin, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital Cerebral defect — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): 7531

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 Birth, to 6 Mar 59 and last saw him alive on 6 Mar 59
Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J B Graves (Degree or title) MD

22b. ADDRESS 616 Connor

22c. DATE SIGNED 3/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR: Thornhill-Dillon ADDRESS: Joplin, Missouri

25. DATE RECD. BY LOCAL REG.: 3-18-1959

26. REGISTRAR'S SIGNATURE: Doree Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Robert C. Koller

Licensed Embalmer No. 5062

P. O. Address Joplin, 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.