

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010522

FILED MAR 19 1959

Registration District No. 294

Primary Registration District No. 2056

STATE FILE NUMBER 27

300
-57

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly		c. CITY OR TOWN Madison	
c. FULL NAME OF (If NOT in hospital, give location) Woodland Hosp.		d. STREET ADDRESS (If outside, give location) 8 Mi. S.E. Madison	
Length of stay in lb 3 dys		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SOLIE Middle FRANCIS Last WOODRING			4. DATE OF DEATH MARCH 12, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1884	9. AGE (In years last birthday) 74	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Calvin H. Woodring	13b. MOTHER'S MAIDEN NAME Jennie Sleath	14. NAME OF HUSBAND OR WIFE Myrtle Ellen Woodring
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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. 498-40-2026	17. INFORMANT Opel Lee Porter	Address Moberly, Mo.
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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) HYPER PYREXIA CAUSE UNKNOWN		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) TUMOR OVER SACRUM	6 MO.
	DUE TO (c) (AWAITING MICROSCOPIC REPORT OF POST-MORTEM SECTION)	
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Madison	COUNTY Monroe	STATE Missouri
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21. I attended the deceased from MARCH 5th 1959 to MARCH 12th 1959 and last saw him alive on MARCH 11 1959 Death occurred at 12:15 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Charles A. Steubing M.D.	22b. ADDRESS Moberly, Mo.	22c. DATE SIGNED March 12, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-14-1959	23c. NAME OF CEMETERY OR CREMATORY Oakland Cem.	23d. LOCATION (City, town, or county) (State) Moberly, Mo.
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24. FUNERAL DIRECTOR Thompson-Mackler	ADDRESS Madison, Mo.	25. DATE RECD. BY LOCAL REG. 3-14-59	26. REGISTRAR'S SIGNATURE Charles A. Steubing
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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 Joseph R. Mad.....

Licensed Embalmer No. 457.....
P.O. Address Madison.....

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.