

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018292
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital		Length of stay in 1b 2 days	d. STREET ADDRESS 106 Renn Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hugh Middle E. Last Wooden			4. DATE OF DEATH Month May Day 7 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 13, 1918		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Boat Pilot, Massman Const. Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hodge, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert L. Wooden		13b. MOTHER'S MAIDEN NAME Lucy Bowman		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 2		16. SOCIAL SECURITY NO. 481-01-73551		17. INFORMANT Wife, Robert, Lexington, 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) Carcinoma, primary, rt. lung in situ					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)					1621
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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
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 COUNTY STATE	
21. I attended the deceased from Death occurred at 6:30 A.M. 5/5/59 to 5/7/59 and last saw her him alive on 5- -59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Scope (Degree or title) MD		22b. ADDRESS Lexington Mo		22c. DATE SIGNED 5/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 10, 1959		23c. NAME OF CEMETERY OR CREMATORY Machpelah	
24. FUNERAL DIRECTOR Forest F. Tempel, Lexington ADDRESS _____		25. DATE RECD. BY LOCAL REG. 5-20-59		26. REGISTRAR'S SIGNATURE M. E. Eads	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, welfare, public service, All diseases in Part I must be causally related.

MAY 26 1959

1959

MAY 27 1959

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 _____
Geo. McLean

Licensed Embalmer No. 7983

P. O. Address Peru, Pa. 15683

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.