

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028575

FILED VS AUG 27 1959

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVIESS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Coffey, Mo.</u>	Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Pattonsburg</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First: <u>JOSEPH</u> Middle: <u>HENLEY</u> Last: <u>WOODRING</u>	4. DATE OF DEATH Month: <u>Aug</u> Day: <u>14</u> Year: <u>1959</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 1899</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Min: _____	IF UNDER 24 HR Hours: _____ Min: _____
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10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (City and state or country) <u>McFall Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Benjamin Woodring</u>	13b. MOTHER'S MAIDEN NAME <u>Ameda Simpson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes and, or unknown) (If yes, give war or dates of service) <u>Yes WW#2</u>	16. SOCIAL SECURITY NO. <u>500-03-2522</u>	17. INFORMANT <u>Mrs. Mary Gordon - Pattonsburg, Mo.</u>	Address: _____
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8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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. Month, Day, Year: _____

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	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. Baumgardner</u>	22b. ADDRESS <u>20 Coronado Pattonsburg Mo</u>	22c. DATE SIGNED <u>8/15/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>17 Aug 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeler</u>	23d. LOCATION (City, town, or county) (State) <u>Rural Pattonsburg Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>H.A. Roberson Pattonsburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-22-1959</u>	26. REGISTRAR'S SIGNATURE <u>Duquoin Englehart</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 27 1959

AUG 28 1959

MAR 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence A. Robinson

Licensed Embalmer No. 5075

P. O. Address Putnamburg

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.