

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959 *209*

59-033079

STATE FILE NUMBER

Registration District No. *209* Primary Registration District No. *3043* Registrar's No. *277*

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		a. STATE Missouri b. COUNTY Marion		c. CITY OR TOWN Hannibal	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1006 N. 6th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
Marvin Chester Wooden				Sept 12 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-11	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months 1 Days 18	IF UNDER 24 HR Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T.V. Cameraman & Tech		10b. KIND OF BUSINESS OR INDUSTRY T.V. Sta. KHQA		11. BIRTHPLACE (City and state or country) Vernon Cy Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert L. Wooden			13b. MOTHER'S MAIDEN NAME Lucy Bowman		14. NAME OF HUSBAND OR WIFE Kathleen Coleman Wooden		
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. 451-18-1045		17. INFORMANT Address Mrs Kathleen Wooden Hannibal Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Massive coronary thrombosis, acute						8 hrs.	
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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
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		
21. I attended the deceased from 9-12-59 a.m. to 9-12-59 p.m. and last saw her/him alive on 9-12-59 Death occurred at 2:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J.E. Sultzman M.D. (Degree or title)			22b. ADDRESS 115 N-5 Hannibal Mo			22c. DATE SIGNED 9/14/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 15 59	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery		23d. LOCATION (City, town, or county) Lexington Missouri (State)			
24. FUNERAL DIRECTOR ADDRESS Smith's Funeral Home Hannibal Mo			25. DATE RECD. BY LOCAL REG. 9/15/59		26. REGISTRAR'S SIGNATURE W.E. M. Lucke By H.C. Fisher		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John S. Wood

Licensed Embalmer No. 4540

P. O. Address Hannibal

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.