Dept. Health, Ed., & Welfare U. S. Public Health Service

FILED VS SEP 23 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-034916
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 82

VS 300 Rev. 1-57

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN: Dudley Liberty Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: Rfd. 1 — Length of stay in Hospital: 25 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Fisk — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 103 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Cass Last: Woodland
4. DATE OF DEATH: Month 8 Day 30 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-19-1899
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Robert Woodland
13b. MOTHER'S MAIDEN NAME: Martha Thorton
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give years of service): Yes 7-6-1917 *6-16-1919
16. SOCIAL SECURITY NO.: (496-14-4305)
17. INFORMANT: William Robert Woodland — Address: Fagus, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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): Coronary occulison — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Investigation made by coroner and no evidence of foul play found.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Found dead in his home
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 ---------- to ---------- and last saw her/him alive on ----------
Death occurred at 9 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marsh Watkins (Degree or title): Coroner
22b. ADDRESS: Dexter, Mo.
22c. DATE SIGNED: 9-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-4-1959
23c. NAME OF CEMETERY OR CREMATORY: Gravel Hill
23d. LOCATION (City, town, or county) (State): West of St. Francis, Ark.

24. FUNERAL DIRECTOR: Lloyd Russell Piggott, Arkansas — ADDRESS:
25. DATE RECD. BY LOCAL REG.: 9-16-59
26. REGISTRAR'S SIGNATURE: Velma V. Perkins

SEP 28 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 Merrill Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.