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

V. S. 300
Rev. 1-57

FILED VS NOV 9 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

55

59-036731
STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Novelty — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b
1

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Knox
c. CITY OR TOWN Novelty — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]
0520

3. NAME OF DECEASED (Type or print) First PETT Middle Last WOODWARD

4. DATE OF DEATH Month Day Year Oct 30, 1959

5. SEX F
6. COLOR OR RACE W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH
9. AGE (In years last birthday) 72 — 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) homekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Novelty, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jim Ed Cockrum
13b. MOTHER'S MAIDEN NAME Emmy Townsend
14. NAME OF HUSBAND OR WIFE Russell Woodward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Russell Woodward Address Novelty, Mo

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 Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertention
INTERVAL BETWEEN ONSET AND DEATH: Oct 30 1959; Oct 30 1959
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.)
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 Oct 30 1959, to Oct 30 1959 and last saw her alive on Oct 30 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. O. Holmes DO
22b. ADDRESS Novelty Mo
22c. DATE SIGNED Nov 4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 1 Nov '59
23c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery
23d. LOCATION (City, town, or county) (State) Novelty, Missouri

24. FUNERAL DIRECTOR ADDRESS A. G. Rimer
25. DATE RECD. BY LOCAL REG. Nov. 4-1959
26. REGISTRAR'S SIGNATURE Nell S. Hunsaker

(Licensed Embalmer's Statement on Reverse Side)

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.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

151-0

VS NOV 9 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 A G Rimer

Licensed Embalmer No. 5041

P. O. Address Edina, Mi

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.