

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS. NOV 17 1959

60
59-041001

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Mercer County</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton, Mo</u> Length of stay in lb <u>life</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lambert Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Mercer</u> c. CITY OR TOWN <u>Princeton, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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>Francis</u> Middle <u>Woodward</u> Last _____ 5. SEX <u>female</u> 6. COLOR OR RACE <u>white</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			4. DATE OF DEATH <u>11-9-59</u> Month <u>11</u> Day <u>9</u> Year <u>59</u> 8. DATE OF BIRTH <u>11-26-1886</u> 9. AGE (last birthday) <u>72</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Mercer Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>William Finney</u>			13b. MOTHER'S MAIDEN NAME <u>Kathryn Crider</u>			14. NAME OF HUSBAND OR WIFE <u>Virgil Woodward</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT <u>Virgil Woodward Princeton, Mo</u> Address _____		
18. 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> DUE TO (b) <u>Cardiac insufficiency and arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>5 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia due to cerebral hemorrhage 1949</u>						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 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 <u>1954</u> to <u>11-1959</u> and last saw her ^{her} she alive on <u>11-9-1959</u> Death occurred at <u>12:55</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Frank J. Zuber MD</u>				22b. ADDRESS <u>210 W. Main St. Princeton, Mo.</u>		22c. DATE SIGNED <u>11-12-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-11-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>		23d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>		
24. FUNERAL DIRECTOR <u>Noel Moss</u> ADDRESS <u>Princeton, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Noel Moss</u>		

(Licensed Embalmer's Statement on Reverse Side)

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
or by *[Signature]*, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 2639

P. O. Address Puncataw

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.