URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-041367
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 390 Registrar's No. 4442

ENDED

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Higbee Mo
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Last: Woods
4. DATE OF DEATH: Month: Nov. Day: 27 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-20-1891
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kansas.
12. CITIZEN OF WHAT COUNTRY: U. S. A
13a. FATHER'S NAME: Randolph Woode
13b. MOTHER'S MAIDEN NAME: Alice Bryant
14. NAME OF HUSBAND OR WIFE: Viola Woods
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 495-18-7296
17. INFORMANT: Mrs Viola Woods Address: Higbee 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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia with Cerebral Hemorrhages — 1 wk
DUE TO (c) Advanced Arterio Sclerosis — Unkown
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. ☐ Yes ☐ No ☐ Unknown

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 10-19-59, to 11-28-59 and last saw ~~her~~ him alive on 11-28-59
Death occurred at 5:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Per Y. Robinson, M.D.
22b. ADDRESS: Higbee Mo
22c. DATE SIGNED: 11-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 29 1959
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Higbee Mo

24. FUNERAL DIRECTOR ADDRESS: Burton Funeral Home. Higbee Mo
25. DATE RECD. BY LOCAL REG.: 11-30-1959
26. REGISTRAR'S SIGNATURE: Joe W Burton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 3478

P. O. Address Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.