

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041383

FILED VS NOV 24 1959

STATE FILE NUMBER

ENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond township</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Richmond</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>432 S. Camden St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>LOUISE</u> Last <u>WOODS</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>16,</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>8/4/1916</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse's aide</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Practical nursing</u>		11. BIRTHPLACE (City and state or country) <u>Orrick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Woods</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Duncan</u>			14. NAME OF HUSBAND OR WIFE <u>---</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>489-30-3161</u>		17. INFORMANT Address <u>Mrs. Clarence Hunt, Richmond, Mo.</u>			
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>Accidental Head Injury</u> DUE TO (b) <u>FALL AT HOME STRIKING</u> DUE TO (c) <u>head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>fell at home</u>					
20c. TIME OF INJURY Hour <u>3:30</u> a.m. <u> </u> p.m. <u> </u> Month <u>11-</u> Day <u>15-</u> Year <u>59</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Richmond Mo</u>			
21. I attended the deceased from <u>11-15-59</u> to <u>11-16-59</u> and last saw her alive on <u>11-16-59</u> Death occurred at <u>5:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. E. Jay MD</u> (Degree or title) -				22b. ADDRESS <u>Richmond, Mo.</u>		22c. DATE SIGNED <u>11-18-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 18, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-18-1959</u>	26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 26 1960

MAR 1 1960

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

body _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Luan Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.