

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

157

Primary Registration District No.

3028

Registrars No.

246

'59 0 4 4 5 3 3

STATE FILE NUMBER

RENDERED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Carterville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 316 Fulton St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 206 S. Elm St.		
3. NAME OF DECEASED (Type or print) First William Middle Woodard Last Woodard				4. DATE OF DEATH Month December Day 17 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-24-87	
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Prosperity, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Jess D. Woodard			13b. MOTHER'S MAIDEN NAME Katie Yates			14. NAME OF HUSBAND OR WIFE Effie Woodard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 491-07-8664		17. INFORMANT Effie Woodard Address 206 S. Elm Carterville, Mo.		
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 20 min DUE TO (b) Arteriosclerosis 2 sec DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Dec 12 59 to Dec 13 and last saw him alive on Dec 12 59 Death occurred at 1:30A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) Albert B. Weelaw.				22b. ADDRESS Carthage, Missouri			22c. DATE SIGNED 12-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-19-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Cem.		23d. LOCATION (City, town, or county) Joplin, Mo.		(State)
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary Address Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 12-18-59		26. REGISTRAR'S SIGNATURE WY Clinton	

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.