

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 86

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Twn		Length of stay in 1b 7 months	c. CITY OR TOWN Rushville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Marshall Twn. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Alpha Hattie Woodcock			4. DATE OF DEATH Month Day Year Dec. 19, 1959
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-82
9. AGE (last birthday) 77		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) St. Clair, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Dave Hallaway	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Joe Woodcock	
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. none	17. INFORMANT Address Mrs. Joe Conard Rushville, 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) Chronic fibrinous bronchitis 6 mo. DUE TO (b) Repeated attacks of virus infection 1-2 yrs. DUE TO (c) XXXXXXXXXXXX Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) XXXXXXXXXXXXXXXX			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"/> XXXXXXXXXXXX	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXXXXXXXXXX	
20c. TIME OF INJURY Hour s.m. Month, Day, Year XXXXXXXXXXXX		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXX	
20e. CITY, TOWN, OR LOCATION Weston		COUNTY Platte	STATE Missouri
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21. I attended the deceased from Oct. 26, 59 to Dec. 19, 59 and last saw him alive on Oct. 26, 59 . Death occurred at XXXXXX m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Louis C. Calvert M.D.</i> (Degree or title)		22b. ADDRESS Weston Missouri	22c. DATE SIGNED 12/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-59	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	23d. LOCATION (City, town, or county) (State) Weston, Missouri
24. FUNERAL DIRECTOR Vaughn Funeral Home Weston, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-21-1959
		26. REGISTRAR'S SIGNATURE <i>Alphia Rollins</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 19 1980

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Winton, Md

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.