

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014135

FILED VS MAY 9 1960

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 56

INDEXED

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
Length of stay in 1b 25 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) 606 Grand	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last RALPH WALDO WOODWARD			4. DATE OF DEATH Month Day Year May 5 1960		
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jun 3 1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lingo, Missouri	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Anthony Woodward	13b. MOTHER'S MAIDEN NAME Adelaide Harrington	14. NAME OF HUSBAND OR WIFE Irma Zoe Rex
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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. 495-36-3483	17. INFORMANT Address Mrs. Irma Z. Woodward, Lamar, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia from Chest Cancer - 4-5 mo		INTERVAL BETWEEN ONSET AND DEATH 4-5 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Malignancy of Lung -		" "
	DUE TO (c) Spread to Rib -		" "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pleurisy & Pleural Effusion		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	
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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
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21. I attended the deceased from Dec. 5, 48 to May 5, 60 and last saw her alive on May 5, 60 Death occurred at 9:35 a. m on the date stated above, and to the best of my knowledge from the causes stated.
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22. SIGNATURE (Degree or title) Herbert M. Arnold M.D.	22b. ADDRESS Lamar, Missouri	22c. DATE SIGNED 5-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar 7 1960	23c. NAME OF CEMETERY OR CREMATORY Lake	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
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24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. May 6th '60	26. REGISTRAR'S SIGNATURE Marie Konantz
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(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl F. Kanantz

Licensed Embalmer No. 2247

P. O. Address Lamar, W.

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.