

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS JUL 5 1960

-60-024172

Registration District No. 297 Primary Registration District No. 6122 Registrar's No. 81

STATE FILE NUMBER

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>25 yrs.</u>	c. CITY OR TOWN <u>Richmond</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles north Of Richmond</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 miles north of Richmond</u>	
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>GARRETT</u> Last <u>WOODRUFF</u>			4. DATE OF DEATH Month <u>June</u> Day <u>27</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/29/1880</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	11. BIRTHPLACE (City and state or country) <u>Owensville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William P. Woodruff</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Emeline Melton</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Johns Woodruff</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>490-42-5806</u>		17. INFORMANT <u>Mrs. Ada Woodruff, Rt. 1, 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>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____					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)					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 <u>6-20-60</u> to <u>6-27-60</u> and last saw ^{her} him alive on <u>6-24-60</u> Death occurred at <u>10:00 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Shaver B. Gooch, M.D.</u>			22b. ADDRESS <u>Richmond, Missouri</u>		22c. DATE SIGNED <u>6-29-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 30, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richmond Memory Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
24. FUNERAL DIRECTOR <u>Thurman Funeral Home, Richmond, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-2-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 6 1960

FEB 20 1961

FEB 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~XXXXXX~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Levan 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 do 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.