

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043265

FILED VS NOV 29 1960 316

Registration District No. 316 Primary Registration District No. - Registrar's No. 460

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 3 days		c. CITY OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 205 No. Poplar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GRIGG Middle W. Last WOODRUFF				4. DATE OF DEATH Month Nov. Day 14, Year 1960				
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 Oct. 14, 1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 1 Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor and farm work.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Felix Woodruff			13b. MOTHER'S MAIDEN NAME Eliza			14. NAME OF HUSBAND OR WIFE Ethel Clary		
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. 497-01-9831		17. INFORMANT Address Records, State Hospital No. 4, Farmington, 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) Coronary Thrombosis - - - - - at least 4 days							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Arteriosclerotic heart disease and senility - -							Unknown.	
DUE TO (c)								
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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
21. I attended the deceased from Nov. 11, 1960 to Nov. 14, 1960 and last saw ^{NOX} him alive on Nov. 14, 1960 Death occurred at 9:50 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>John D. Brennan M.D.</i>				22b. ADDRESS State Hospital No. 4 Farmington, Missouri			22c. DATE SIGNED 11-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery			23d. LOCATION (City, town, or county) (State) Essex, Missouri			
24. FUNERAL DIRECTOR ADDRESS Watkins & Sons, Dexter, Missouri				25. DATE RECD. BY LOCAL REG. Nov. 15, 1960		26. REGISTRAR'S SIGNATURE <i>Catherine Rudloff</i>		

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4089

P. O. Address Jersey

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.