

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004597
STATE FILE NUMBER

Registration District No. 34 1961 Primary Registration District No. 5117 Registrar's No. 13

AMENDED

| | | | | | |
|--|---|---|------------------------------------|--|--------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) | | | |
| a. COUNTY <u>Boone</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hartsburg</u> | | Length of stay in 1b <u>lifetime</u> | | c. CITY OR TOWN <u>Hartsburg</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route # 1</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Route # 1</u> | |
| 3. NAME OF DECEASED (Type or print) | | First <u>WILLIAM</u> | | Last <u>WOODS</u> | |
| | | Middle <u>DALE</u> | | 4. DATE OF DEATH Month <u>Febr</u> Day <u>10th</u> Year <u>1961</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/19/44</u> | 9. AGE (last birthday) <u>16</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and state or country) <u>Boone County, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Jesse Woods</u> | | 13b. MOTHER'S MAIDEN NAME <u>Cora Wilmsmeyer</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Never married</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>None</u> | |
| 17. INFORMANT <u>Jesse Woods, Route # 1, Hartsburg, 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>Anterior wall myeloma (ca)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) _____ | | 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 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>June 1951</u> to <u>Feb 10th/61</u> and last saw him alive on <u>Feb 8th/61</u> Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Dean W. Taylor M.D.</u> | | 22b. ADDRESS <u>Jefferson City</u> | | 22c. DATE SIGNED <u>2-13-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Febr 12th 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb 16, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Burnett</u> | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 Donald R. Greenman

Licensed Embalmer No. 4623

P. O. Address Ohio

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..