

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020684
STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 26

FILED JUN 19 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville Twp.		Length of stay in 1b 4-Years	c. CITY OR TOWN Salisbury, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chariton C. Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Not Known Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eugene Middle Woods Last Woods			4. DATE OF DEATH Month June Day 12th , Year 1961
5. SEX Male	6. COLOR OR RACE Black	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-6-1891
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 6 Days 12	IF UNDER 24 HR Hours 12 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs	11. BIRTHPLACE (City and state or country) Duckhill, Miss
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Not Known	
13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Mamie Todd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Records - Welfare Office, Keytesville, 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) Obstruction of Intestine tract DUE TO (b) Carcinoma Of Liver and gall bladder DUE TO (c) _____ 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)			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 _____ 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 _____ to _____ and last saw him alive on _____		Death occurred at: 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. L. Feiler (Degree or title) County Health Officer		22b. ADDRESS Brunswick MO	22c. DATE SIGNED 6-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-13-1961	23c. NAME OF CEMETERY OR CREMATORY Kirksville OSTEOPATHIC Hosp.	23d. LOCATION (City, town, or county) Kirksville, Mo.
24. FUNERAL DIRECTOR ADDRESS H. D. Gammatt Keytesville, Mo.		25. DATE RECEIVED BY LOCAL REG. 6-12-61	26. REGISTRAR'S SIGNATURE Opal L. Spence

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 N. D. Law

: Licensed Embalmer No. 3046
P. O. Address Key West

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.