ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-033425
STATE FILE NUMBER

AMENDED

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 81

FILED OCT 3 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Plevna
Length of stay in 1b: 60yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Knox
c. CITY OR TOWN: Plevna
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Olee Middle: May Last: Woodward
4. DATE OF DEATH Month: Sept Day: 26, Year: 1961
5. SEX: Female.
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 6, 1885
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months: 11 Days: 21
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Newark, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Pflum
13b. MOTHER'S MAIDEN NAME: Minnie Smith
14. NAME OF HUSBAND OR WIFE: Frank Woodward.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT: Frank Woodward. Address: Plevna, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: July 1961
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertention — Sept 26-61
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 1961 to Sept 26, 1961 and last saw her alive on Sept 26 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. D. Holmes (Degree or title) D-D.
22b. ADDRESS Novelty Mo
22c. DATE SIGNED 9-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 29, 1961
23c. NAME OF CEMETERY OR CREMATORY: Newark Cemetery
23d. LOCATION (City, town, or county) (State): ¼ mi. west of Newark, Mo.
24. FUNERAL DIRECTOR: C.W. Musgrove. ADDRESS: Bethel, Missouri.
25. DATE RECD. BY LOCAL REG.: Oct-1-1961
26. REGISTRAR'S SIGNATURE: Phil L. Hurst

(Licensed Embalmer's Statement on Reverse Side)

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 Self, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2719

P. O. Address Bethel, Mo.

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.