

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036382

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 142

AMENDED

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Boonville</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Tipton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Saint Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>South Gravois</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Turner</b> Middle <b>A.</b> Last <b>Woods</b>	4. DATE OF DEATH Month <b>October</b> Day <b>9th</b> Year <b>1961</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/6/1876</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Tipton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Peter Woods</b>	13b. MOTHER'S MAIDEN NAME <b>Lucindia Baxter</b>	14. NAME OF HUSBAND OR WIFE <b>Isabella Woods (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT <b>Mrs. Elmer Wampler-Knobnoster, Missouri</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>15 MINUTES</b>
IMMEDIATE CAUSE (a) <b>CORONARY INFARCTION</b>		
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) <b>ACUTE &amp; CHRONIC EPIDIDYMITIS</b>	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
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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.)
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20c. TIME OF INJURY Hour <b>10-5-61</b> a.m. p.m.	Month, Day, Year
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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 <b>BOONVILLE, MO.</b>	COUNTY	STATE
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21. I attended the deceased from 10-5-61 to 10-9-61 and last saw him <sup>xxx</sup> alive on 10-6-61  
MY ASSOCIATE SAW HIM ON 10-7-61 & 10-8-61  
Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. C. Richardson, M.D.</i>	(Degree or title)	22b. ADDRESS <b>329 MAIN ST., BOONVILLE, MO.</b>	22c. DATE SIGNED <b>10-9-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/10/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hopewell Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>5 Miles North Tipton, Mo</b>
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24. FUNERAL DIRECTOR <i>James E. Richardson</i>	ADDRESS <b>TIPTON, MO</b>	25. DATE RECD. BY LOCAL REG. <b>10/9/61</b>	26. REGISTRAR'S SIGNATURE <i>B. Hooper</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

12/15/61

INSTEAD OF

Turner A. Wood

SHOULD READ

Turner A. Woods

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

ITEM NO.

3

NOV 29 1967

**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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.