

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044125

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Kennett	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial		d. STREET ADDRESS (If outside, give location) 208 King St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Lillie Middle Last Woods			4. DATE OF DEATH Month December Day 21 Year 1961			
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5. SEX Feminine	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 10/19/1891	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 2 Days 2	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Russellville, Ark.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Buck Branch	13b. MOTHER'S MAIDEN NAME Martha Tillie	14. NAME OF HUSBAND OR WIFE A.T. Woods
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Alford Woods, Kennett, Mo.
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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 4 weeks
IMMEDIATE CAUSE (a)	Cerebral thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Hypertensive Cardiovascular Disease 10 years	
DUE TO (b)	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	
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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 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 Kennett	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from Jan 1960 to Dec 21, 1961 and last saw her alive on Dec 21, 1961
Death occurred at approximately 11:45p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles R. Coch (Degree or title)	22b. ADDRESS Kennett Mo	22c. DATE SIGNED 12/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/24/1961	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge	23d. LOCATION (City, town, or county) (State) Kennett Missouri
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24. FUNERAL DIRECTOR McDaniel	ADDRESS Funeral Ser. Kennett, Mo.	25. DATE RECD. BY LOCAL REG. 12-29-61	26. REGISTRAR'S SIGNATURE Carl H. Hunsaker
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 Tammy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kenett, Pa.

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.