

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-043431**  
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 2020 Registrar's No. 268

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 9 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Washington</b>		Length of stay in 1b <b>8 years</b>	c. CITY OR TOWN <b>Washington</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>St. Francis Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>204 E. Second St.</b>
3. NAME OF DECEASED (Type or print) <b>ANDREW JACKSON WOOMACK</b>		4. DATE OF DEATH <b>December 4, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/14/1914</b>
9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Circulation Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	11. BIRTHPLACE (City and state or country) <b>Carthage, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Oscar Woomack</b>	
13b. MOTHER'S MAIDEN NAME <b>Dora Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Woomack</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT <b>Mrs Catherine Woomack, Washington,</b>		Address <b>204 E. 2nd St</b>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subacute bacterial endocarditis</b> DUE TO (b) <b>Rheumatic valvulitis, tricuspid and mitral valves, insect</b> DUE TO (c) <b>Interatrial septal defect of heart</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Interatrial septal defect of heart</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>40 years (Estimated)</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <b>December 3, 1963</b> to <b>Dec. 4, 1963</b> and last saw him alive on <b>Dec. 4, 1963</b> Death occurred at <b>3:45 p.m. CST</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert H. Wollanhoff M.D.</b>		22b. ADDRESS <b>205 Elm St. Washington, Mo.</b>	22c. DATE SIGNED <b>Dec. 5, 1963</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 7, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cem.</b>	23d. LOCATION (City, town, or county) <b>Washington, Mo.</b>
24. FUNERAL DIRECTOR <b>Henry W. Otto, Washington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12/7/63</b>	26. REGISTRAR'S SIGNATURE <b>Leola P. Heidmann</b>

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DEC 11 1963

DEC 28 1963

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 Henry W. Otte

Licensed Embalmer No. 3560

P. O. Address Washington

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.