

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22601**
Registrar's No. **371**

No. 300
10.48

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan		c. LENGTH OF STAY (In this place) 1 year	
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 Second St.		d. STREET ADDRESS (If rural, give location) 307 Second St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Albert c. (Last) Woodring			4. DATE OF DEATH (Month) (Day) (Year) June 8, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 22, 1876	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR (Specify) 8/16	11. IF UNDER 24 HRS. (Specify) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Woodring	13b. MOTHER'S MAIDEN NAME Caroline Hatfield	14. NAME OF HUSBAND OR WIFE Does not apply
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clyde Randall Doniphan, Mo.	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drugs poisoning		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **6-2, 1953**, to **6-5, 1953**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Edwin Adams, M.D.	(Degree or title) _____	23b. ADDRESS Doniphan, Mo.	23c. DATE SIGNED 6-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-1953	24c. NAME OF CEMETERY OR CREMATORY Bardley	24d. LOCATION (City, town, or county) (State) Bardley, Mo.
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DATE REC'D BY LOCAL REG. 6-15-53	REGISTRAR'S SIGNATURE E. Johnston 277-0	25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards	ADDRESS Doniphan, Mo.
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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
Student Embalmer

Signed Gene W. Parrent

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.