

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36798**

FILED OCT 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5938** Registrar's No. **205**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b> - <i>for Sup.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Doolittle - Wootton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Doolittle - Arlington</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Doolittle 0816</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence Doolittle</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLIS</b> b. (Middle) <b>QUINTON</b> c. (Last) <b>WOOTEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 8 1953</b>
---	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 22 1878</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>74</b>	10. IF UNDER 1 YEAR Hours   Min.	10. IF UNDER 24 HRS. Hours   Min.
--------------------	-------------------------------	--	---	---	----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Browning Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>Jasper Wooten</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Taylor</b>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Wooten</b>	ADDRESS <b>Newburg Mo</b>
---	-------------------------	---	------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>		
	DUE TO (c) <b>+ Diabetic gangrene 6 or 7 yrs</b>		
11. 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 <b>260X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
---	--	---------------------------

22. I hereby certify that I attended the deceased from **Nov 6 1952** to **Oct 8 1952**, that I last saw the deceased alive on **Oct 8 1953** and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard P. Newburg M.D.</b>	(Degree or title)	23b. ADDRESS <b>Newburg Mo</b>	23c. DATE SIGNED <b>Oct 9 1953</b>
--	-------------------	-----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 10 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mueta</b>	24d. LOCATION (City, town, or county) (State) <b>Camdenton Mo</b>
---	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Oct 12 1953</b>	REGISTRAR'S SIGNATURE <b>Radine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lee Johnson</b>	ADDRESS <b>Newburg Mo</b>
--	---	--	------------------------------

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

Date Filed 10-19-23  
Number 23

**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 \_\_\_\_\_

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address Newburg 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.