

death, Welfare Public service
 1-56
 000
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 2)

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34752

Registration District No. 200 Primary Registration District No. 5735 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY MACON CO.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		✓ c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FARM HOME			Length of stay in 1b		✓ d. STREET ADDRESS (If outside, give location) 0610 - 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ALIDA Middle JUNE Last WEEKLY				4. DATE OF DEATH Month 10 - Day 16 - Year 1956					
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-16-83		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months 11 Days 10 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MACON COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME GIPSON Weekly				14. MOTHER'S MAIDEN NAME PERGUSON - ILL.					
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. NO		17. INFORMANT ESTER WEEKLY - ATLANTA, MO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident DUE TO (b) Arteriosclerosis DUE TO (c) 331XH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Conc 2 of 2 - 4 mo duration							INTERVAL BETWEEN ONSET AND DEATH 8 days		
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Sept 7-1953 to Oct-16-1956 and last saw her alive on Oct 16-1956 Death occurred at 8:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) O. L. Woodward Sr				22b. ADDRESS Atlanta, Mo				22c. DATE SIGNED 10-18-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 10-18-56		23c. NAME OF CEMETERY OR CREMATORY MT ZION		23d. LOCATION (City, town, or county) (State) MACON COUNTY MO			
24. FUNERAL DIRECTOR Theo H. Gooding - ATLANTA, MO				25. DATE RECD. BY LOCAL REG. 10/23/56		26. REGISTRAR'S SIGNATURE Walter M. Reely			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10.27.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 10.56.97
Date Filed 10.30.56

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... Theo. H. Gooding.....
Licensed Embalmer No. 39

P. O. Address Atlanta,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.