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FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 118

Primary Registration District No. 5437

Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bourbois</u>		c. CITY OR TOWN <u>St. Ann</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>11010 Lawrence</u>	
3. NAME OF DECEASED (Type or print) <u>GEORGE GILBERT WOODRUFF</u>		4. DATE OF DEATH Month <u>9</u> - Day <u>1</u> - Year <u>57</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>9-8-40</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>UNITED SHOEM</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GILBERT WOODRUFF</u>		13b. MOTHER'S MAIDEN NAME <u>COLLIE LICKDIPER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-40-9083</u>	
17. INFORMANT <u>GILBERT WOODRUFF</u>		Address <u>11010 Lawrence St. Ann</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACCIDENTAL DEATH BY GUN SHOT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>16 GA. WHILE HUNTING.</u> DUE TO (c) <u>9191</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>43</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>GUN SLIPED WHILE SITTING ON</u>	
20c. TIME OF INJURY Hour <u>4.15</u> p.m. Month, Day, Year <u>9-1-57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ROCK LEDGE</u>	
20e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☒		20f. CITY, TOWN, OR LOCATION <u>BOURBOIS-TWP. GASCONADE, MO</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Hugo H. Blum</u>		22b. ADDRESS <u>Hermann, Mo</u>	
22c. DATE SIGNED <u>9-1-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9-5-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bacon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>near Fairview, Mo.</u>
24. FUNERAL DIRECTOR <u>Millard H. H. Winter</u>		25. DATE RECD. BY LOCAL REG. <u>September 5/57</u>	
ADDRESS <u>OWENSVILLE</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Jappmeyer</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1951

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 Myron H H Winters

Licensed Embalmer No. 383

P. O. Address OWENSVILLE

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.