

U.S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

580

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1957

41529

STATE FILE NUMBER

Registration District No. _____

Primary Registration District No. _____

Registrar's No.

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		c. CITY OR TOWN Waynesville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS None.	
3. NAME OF DECEASED (Type or print) First John Middle Walter Last Woodson.		4. DATE OF DEATH Month 11 Day 14 Year 1957	
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED ☒ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb. 23, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman.		10b. KIND OF BUSINESS OR INDUSTRY None.	9. AGE (In years last birthday) 79
11. BIRTHPLACE (City and state or country) Mt. Vernon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown...	
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. 500-34-1261	
17. INFORMANT Mrs. Everett Fenton Way, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARDIO-VASCULAR DISEASE DUE TO (c) 4221 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) L			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -	
20c. TIME OF INJURY Hour 5:00 Month Nov Day 14 Year 1957 a. m. A p. m.		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓		20f. CITY, TOWN, OR LOCATION Crocker, Missouri	
20g. COUNTY Crocker		20h. STATE Mo	
21. I attended the deceased from 1950 to NOV 14, 1957 and last saw ^{her} him alive on NOV 13, 1957 Death occurred at 5:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John C. Michalewicz D.O. (Delegator title)		22b. ADDRESS Crocker, Missouri	
22c. DATE SIGNED 11/15/57		22d. SIGNATURE John C. Michalewicz	
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 11/16/57	
23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemet.		23d. LOCATION (City, town, or county) Crocker, Mo	
23e. STATE Mo		23f. COUNTY Crocker	
24. FUNERAL HOME Hodges Funeral Home		25. DATE RECD. BY LOCAL REG. 11-15-57	
26. REGISTRAR'S SIGNATURE John C. Michalewicz		27. REGISTRAR'S SIGNATURE John C. Michalewicz	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-16-57
Pulaski County Health Officer
147
File Number
Date Filed 11-15-57

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 *Charles Moore*

Licensed Embalmer No. *4890*

P. O. *Waymouth*

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.