. Health,
, & Welfare
. Public
th Service
120
S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024772
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 43 Primary Registration District No. 5141 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fagus — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Fagus 0120 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) home — Length of stay in lb 22 yrs	d. STREET ADDRESS (If outside, give location) 1 mi. south — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Myrtle Middle Estell Last Woodland

4. DATE OF DEATH Month Day Year JULY 8, 1958

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH April 9, 1927

9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Granite City, Ill. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Woodland

13b. MOTHER'S MAIDEN NAME Ruth Lancaster

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ruth Lancaster Address Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Adeno Carcinoma Cervix — Dec 57

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 171X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from Dec 57 - , to 8 July 58 and last saw her alive on 7 July 58

Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD

22b. ADDRESS 371 Oak Poplar Bluff Mo

22c. DATE SIGNED 12 July 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-10-58

23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cem.

23d. LOCATION (City, town, or county) (State) Clay County, Ark.

24. FUNERAL DIRECTOR Frank-Cotrell ADDRESS Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG. 7/19/58

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

RECEIVED
JUL 21 1958
BUTLER CO. HEALTH CENTER
FILE No._____

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Poplar Bluff

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.