

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028530
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salisbury 0218 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 E. Front St		Length of stay in lb 10 yrs	d. STREET ADDRESS (If outside, give location) 406 East Front St. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle W initial only Last Woods			4. DATE OF DEATH Month Sept Day 8 Year 1958		
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5. SEX male 2	6. COLOR OR RACE negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1894	9. AGE (In years) 63	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Section)	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Chariton County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Woods	13b. MOTHER'S MAIDEN NAME Eliza Redmon	14. NAME OF HUSBAND OR WIFE Perdelington Jackson Woods
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) yes WWI	16. SOCIAL SECURITY NO. 500-20-1999	17. INFORMANT Mrs. James W. Woods, Salisbury, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 12 days 2 yrs (?) ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary atherosclerosis	
	DUE TO (c) Generalized atherosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
20c. TIME OF INJURY Hour 11:50 Month Sept Day 8 Year 1958	

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 Salisbury, Mo	COUNTY Chariton	STATE Missouri
21. I attended the deceased from Oct 19, 1957 and last saw him alive on Sept 7, 1958 Death occurred at 11:50 on the date stated above; and to the best of my knowledge from the causes stated.				

22a. SIGNATURE F. L. Harris	(Degree or title) MD	22b. ADDRESS Salisbury, Mo	22c. DATE SIGNED 9/9/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept 11-1958	23c. NAME OF CEMETERY OR CREMATORY Dalton Cemetery	23d. LOCATION (City, town, or county) (State) Dalton, Missouri
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24. FUNERAL DIRECTOR Charles Winkelman	ADDRESS Salisbury, Mo.	25. DATE RECD. BY LOCAL REG. 9/9/58	REGISTRAR'S SIGNATURE W. W. Harris
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 17 1958

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 Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.