

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5942
2053
58-033766
STATE FILE NUMBER

FILED SEP 17 1958

Registration District No. 275 Primary Registration District No. Registrar's No. 170

S. 300
7-1-57

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY OR TOWN Rolla Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rolla Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vichy Road		Length of stay in lb Years	d. STREET ADDRESS Vichy Road		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ARTHUR HOUSTON WOODRUFF			4. DATE OF DEATH Month September Day 28 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 28 April 1888	9. AGE (In years last birthday) 70 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) Shoe Worker Retired		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Bourbon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Woodruff		13b. MOTHER'S MAIDEN NAME Rhoda Fann		14. NAME OF HUSBAND OR WIFE Ethel May Woodruff	
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. 497-10-9751A	17. INFORMANT Address Rt. 3 Rolla Mo. Mrs. Ethel M. Woodruff		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary embolus Cardio-vascular-renal disease a few yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH a few months
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 May 6, 1956 to Sept. 4, 58 and last saw her alive on Sept. 1958 Death occurred at 5:00A m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE L. H. Myers (Degree or title)			22b. ADDRESS Newburg Mo.		22c. DATE SIGNED Sept 6, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7 Sept. 1958	23c. NAME OF CEMETERY OR CREMATORY Crow Cemetery		23d. LOCATION (City, town, or county) (State) Sullivan, Missouri
24. FUNERAL DIRECTOR Nul & Sons Funeral Home By S. G. Nul		ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Sept. 10, 1958		26. REGISTRAR'S SIGNATURE Madine L. Stoll

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

SEP 15 1958

Phelps County Health Officer,

County File Number 1142

Date Filed September 15, 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 S. L. Miller

Licensed Embalmer No. 3397

P. O. Address Rolla 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.