

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038769
STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 93

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rock Port Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>			Length of stay in 1b <u>21 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Franklin Woodring</u>				4. DATE OF DEATH Month Day Year <u>Nov. 17 1958</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 23 1878</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days <u>6 24</u>		IF UNDER 24 HRS. Hours Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Michabotia Mo</u>			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Hamilton Woodring</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna Woodring</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>500-07-8270</u>		17. INFORMANT Address <u>Rock Port Mo</u> <u>Mrs. Anna Woodring</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>Kidney Obstruction</u>								INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of Urinary bladder</u>								6 mos.			
DUE TO (c)											
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 <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 Month, Day, Year 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 <u>Nov. 19, 1956</u> to <u>Nov 17, 1958</u> and last saw ^{him} alive on <u>Nov 17, 1958</u> Death occurred at <u>7 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>James R. Allan, M.D.</u>					22b. ADDRESS <u>Rock Port, Mo</u>				22c. DATE SIGNED <u>11-20-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Nov-20-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>South Rock Port Mo</u>					
24. FUNERAL DIRECTOR <u>Bentons Funeral Home - Rock Port</u>				ADDRESS <u>Rock Port</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 22, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Merwin H. Schaefer</u>			

MEDICAL CERTIFICATION
*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.

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 By Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed J B Bertram.....

Licensed Embalmer No. 4024.....

P. O. Address Rock Port.....

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.