

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008890

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 098

Primary Registration District No.

Registrar's No. 25

303

1-57

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN McFall Benton Sup.		c. CITY OR TOWN McFall	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Miles Northeast		d. STREET ADDRESS (If outside, give location) --	
Length of stay in lb 2 Wks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last James Kirk Woodward			4. DATE OF DEATH Month Day Year 3-17-59		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-27-1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Soil Contractor	11. BIRTHPLACE (City and state or country) McFall, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George D. Woodward	13b. MOTHER'S MAIDEN NAME Artie Maize	14. NAME OF HUSBAND OR WIFE Ruby Coral Woodward
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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. 493-38-8958	17. INFORMANT Address James Robert Woodward, McFall, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 9 mo.
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE	years.
	DUE TO (c) ARTERIOLAR NEPHROSCLEROSIS.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOLAR NEPHROSCLEROSIS.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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
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21. I attended the deceased from 6-12-58 to 3-17-59 and last saw ^{her} _{him} alive on 3-14-59 Death occurred at 2:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert Dribbe M.D.	22b. ADDRESS Bethany Mo.	22c. DATE SIGNED 3-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-59	23c. NAME OF CEMETERY OR CREMATORY McFall Cemetery	23d. LOCATION (City, town, or county) (State) McFall, Mo.
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24. FUNERAL DIRECTOR Louis Guetz	ADDRESS Pattonburg, Mo.	25. DATE RECD. BY LOCAL REG. 3-23-59	26. REGISTRAR'S SIGNATURE Walter Engelbert
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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.

3956

APR 1 1959

STATEMENT BY LICENSED EMBALMER

APR 1 1959

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 *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address *Pattonsburg,*

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.