

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005651

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Primary Registration District No. 3017 Registrar's No. 36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Boonville</i>	Length of stay in lb <i>5 days</i>	c. CITY OR TOWN <i>Pilot Grove</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Haas nursing home</i>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>FLORENCE-JANE-WOODLEDGE</i>			4. DATE OF DEATH Month Day Year <i>Feb 23, 1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>wh</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 4, 1894</i>	9. AGE (last birthday) <i>65</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTHPLACE (City and state or country) <i>Pilot Grove, Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>
13. FATHER'S NAME <i>James Ahemua</i>	13b. MOTHER'S MAIDEN NAME <i>Lottie Keen</i>	14. NAME OF HUSBAND OR WIFE <i>Adam Woodledge</i>	

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.	17. INFORMANT <i>Leona Taylor, Kansas City, Mo</i>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
IMMEDIATE CAUSE (a) <i>Carcinoma of rectum</i>		
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 s.m. p.m. Month, Day, Year	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		COUNTY STATE

21. I attended the deceased from *9-3-57* to *2-23-60* and last saw her alive on *2/19/60*
 Death occurred at *10:45 P* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>G. A. Ahemua, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Boonville, Mo.</i>	22c. DATE SIGNED <i>2/28/60</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>Feb 26, 60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Peninsula Ceme</i>	23d. LOCATION (City, town, or county) (State) <i>Blackwater, Mo</i>
24. FUNERAL DIRECTOR <i>Hays - Painter</i>	ADDRESS <i>Pilot Grove, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2/24/60</i>	26. REGISTRAR'S SIGNATURE <i>Geo Hooper</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Pain

Licensed Embalmer No. 406

P. O. Address Pilot Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.