

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010703

FILED VS. APP. 4 1960 / 37

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 89 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fields Creek Township		c. CITY OR TOWN LaDue	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles N. W. Clinton		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 Gerald James Woods			4. DATE OF DEATH Month Day Year March 28, 1960		
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 12, 7, 1933	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months 3 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker		10b. KIND OF BUSINESS OR INDUSTRY Butler, Mo.		11. BIRTHPLACE (City and state or country) USA	
13a. FATHER'S NAME James Orvial Woods		13b. MOTHER'S MAIDEN NAME Hazel Stream		14. NAME OF HUSBAND OR WIFE Norma Woods	
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. 495-36-5221		17. INFORMANT Address Mrs. Gerald J. Woods	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac & Pulmonary Tamponade			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture of left diaphragm			3 hrs
DUE TO (c) Crushing Injury Chest and Abdomen			3 hrs
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 checked="" 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.) Crushed by falling concrete
20c. TIME OF INJURY Hour 4 p.m. Month, Day, Year 3-28-60		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) construction job.	20f. CITY, TOWN, OR LOCATION Clinton	COUNTY Henry	STATE Mo.
21. I attended the deceased from 4 P.M. 3-28-60 , to 7 P.M. 3-28-60 and last saw her/him alive on 3-28-60 . Death occurred at 7 P.M. 3-28-60 m on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) Gerald J. King M.D.		22b. ADDRESS Clinton, Mo	22c. DATE SIGNED 3/29/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-31-1960	23c. NAME OF CEMETERY OR CREMATORY Urlich Cemetery	23d. LOCATION (City, town, or county) Urlich, Mo.

24. FUNERAL DIRECTOR H.S. Tansant, Clinton, Mo	25. DATE RECD. BY LOCAL REG. Mar 30 - 1960	26. REGISTRAR'S SIGNATURE Mildred Bigman
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 7 1960

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 N.A. Tausant

Licensed Embalmer No. 377

P. O. Address Bluiton

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.