

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017495

FILED VS. MAY 13 1960

318

Primary Registration District No. 1003

Registrar's No. 4720

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		c. CITY OR TOWN MEXICO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 827 WOODLAWN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GERTIE Middle Mc Last WOODWORTH				4. DATE OF DEATH Month MAY Day 2 Year 1960					
5. SEX FEMALE		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 4-27-1895		9. AGE (last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) AUDRAIN, MO		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days	
13a. FATHER'S NAME JAMES A. FOREE			13b. MOTHER'S MAIDEN NAME ALICE STRICKLIN			14. NAME OF HUSBAND OR WIFE DAVID E. WOODWORTH			
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.		17. INFORMANT Address MEXICO, MISSOURI MR. D. E. WOODWORTH				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKIN'S DISEASE							INTERVAL BETWEEN ONSET AND DEATH 7 YEARS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 201x									
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.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 JAN. 15, 1957 to MAY 2, 1960 and last saw her/him alive on MAY 2, 1960				Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. O. Emillion, M.D.</i> (Degree or title) M. D.				22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 5/3/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-5-60		23c. NAME OF CEMETERY OR CREMATORY EASTLAND MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MEXICO MO			
24. FUNERAL DIRECTOR ARNOLD FUNERAL HOME				ADDRESS MEXICOMO		25. DATE RECD. BY LOCAL REG. MAY 4 1960		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>	

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 Richard F. McDaniel

Licensed Embalmer No. 7825

P. O. Address Memphis

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.