DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

60-024116
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hospital.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville, Mo
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS Rural. Rt. (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First George Middle Charles. Last Woodin.
4. DATE OF DEATH: Month June Day 23, Year 1960
5. SEX: Male
6. COLOR OR RACE: White.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/17/1906
9. AGE (last birthday): 53
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Clerk.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Woodin.
13b. MOTHER'S MAIDEN NAME: Elenor Furlong.
14. NAME OF HUSBAND OR WIFE: Doris Woodin.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-36-5182
17. INFORMANT: Mrs. Doris Woodin Address: Way, Missouri R.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 Wks
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 23, 1960, to June 23, 1960 and last saw her/him alive on June 23, 1960
Death occurred at 7:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. O. Merritt (Degree or title) D.O.
22b. ADDRESS Waynesville, Missouri
22c. DATE SIGNED 6/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/26/60
23c. NAME OF CEMETERY OR CREMATORY: Way. Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Waynesville, Mo
24. FUNERAL DIRECTOR: Hedges Funeral Home ADDRESS: Way, Missouri
25. DATE RECD. BY LOCAL REG.: 6-26-60
26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 11 1960

MAR 7 1961

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_____ Signed Clarence Those

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesvil

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