

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033690

FILED VS OCT 3 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 281

UNRECORDED

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b 2 days	c. CITY OR TOWN Memphis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirkville Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Grover Middle Woods Last Woods	4. DATE OF DEATH Month 9 Day 23 Year 60
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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 12/10/86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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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 Agriculture	11. BIRTHPLACE (City and state or country) Scotland County, Mo. USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Andrew Woods	13b. MOTHER'S MAIDEN NAME Nancy Lancaster	14. NAME OF HUSBAND OR WIFE Neva Woods, Memphis, Mo.
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT Neva Woods, Memphis, Mo.	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
IMMEDIATE CAUSE (a)	encephalomalacia	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) middle cerebral artery occlusion	2 weeks
	DUE TO (c) central arteriosclerosis	unknown

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
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 Kirkville Mo	COUNTY	STATE
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21. I attended the deceased from **Sept 21, 1960** to **Sept 23, 1960** and last saw him alive on **Sept 23, 1960**
Death occurred at **10** **P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. S. Stensaker MD	22b. ADDRESS Kirkville Mo	22c. DATE SIGNED 9-24-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/26/60	23c. NAME OF CEMETERY OR CREMATORY Camp Ground	23d. LOCATION (City, town, or county) (State) S. E. Downing, Mo.
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24. FUNERAL DIRECTOR Davis & Davis	ADDRESS Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. 9-24-1960	26. REGISTRAR'S SIGNATURE Noris W. Raloff
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. T. GUTENSOHN, D.D.

STATEMENT BY LICENSED EMBALMER

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 Robert B Davis

Licensed Embalmer No. 4219
P. O. Address Kirksville

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.