

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035318

VS SEP 26 1960

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 136

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Central Twp.</b>		Length of stay in 1b <b>17 Yrs.</b>	c. CITY OR TOWN <b>Central Twp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 2, DeSoto</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 2, DeSoto</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Corba</b> Middle <b>Silas</b> Last <b>Woods</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>31.</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/9/94</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and state or country) <b>Washington Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Woods</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah C. Todd</b>		14. NAME OF HUSBAND OR WIFE <b>Zelpha Huskey Woods</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>488-07-8620</b>	17. INFORMANT Address <b>Mrs. C. S. Woods, Rt. 2, DeSoto, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>generalized arterio-sclerosis</b>					<b>years</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 checked="" 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 <b>Dec 1, 1955</b> to <b>Aug 31, 60</b> and last saw him alive on <b>Aug 20, 60</b> Death occurred at <b>7:00 A</b> m on the date stated above, and to the best of my knowledge from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Norm U. Reppinister M.D.</b>			22b. ADDRESS <b>DeSoto, Mo.</b>		22c. DATE SIGNED <b>Aug 31, 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/2/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		23d. LOCATION (City, town, or county) <b>DeSoto</b>		(State) <b>Mo.</b>
24. FUNERAL DIRECTOR <b>J. Lee Mothershead</b>		ADDRESS <b>DeSoto, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9/2/60</b>	26. REGISTRAR'S SIGNATURE <b>Carl Rice</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0901 9 7 100

VS SEP 27 1960

STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 474

P. O. Address De Soto 7

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