

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039154

ED VS NOV 7 1960

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 114

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in lb 3 Yrs		c. CITY OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Francis Middle E. Last Wooten				4. DATE OF DEATH Month Oct Day 26 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-17-1926		9. AGE (last birthday) 34		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Jenks Okla		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Everett P. Wooten				13b. MOTHER'S MAIDEN NAME Flora Cundiff				14. NAME OF HUSBAND OR WIFE Single					
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. 445-20-4581		17. INFORMANT Everette Wooten		Address Neosho,					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cessation of Respiration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Electrolyte imbalance DUE TO (c) Undifferentiated adenocarcinoma with metastasis										INTERVAL BETWEEN ONSET AND DEATH Several minutes Several days 9 Months			
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"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 April 1960 to October 26, 1960 and last saw him alive on October 1925, 1960 Death occurred at 4:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Paul Anderson MD						22b. ADDRESS Neosho, Missouri			22c. DATE SIGNED 28 Oct 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-27-1960		23c. NAME OF CEMETERY OR CREMATORY Belafast Cemetery			23d. LOCATION (City, town, or county) (State) 7 Mi W, Neosho, Mo						
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 10-31-60		26. REGISTRAR'S SIGNATURE Delvin C. Bowman MD					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

By

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. 4

Neosho Mo

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.