

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-039442

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 427

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		a. STATE Missouri		b. COUNTY Washington	
-b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		Length of stay in lb 3 Da.		c. CITY OR TOWN Bismarck Rt. # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First RALPH		Middle EDWARD		Last WOODS		Month Day Year Oct. 29, 1960	
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 1/9/1903	9. AGE (last birthday) 57		IF UNDER 1 YEAR Months 9 Days 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead		11. BIRTHPLACE (City and state or country) St. Francois Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Woods			13b. MOTHER'S MAIDEN NAME Margaret Lawson			14. NAME OF HUSBAND OR WIFE Bessie Woods	
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. 493-03-8914		17. INFORMANT Address Mrs. Bessie Woods Bismarck, Mo Rt. 1		
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) Epidermoid carcinoma of lung							?
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. <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 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 Month, Day, Year a.m. p.m.							
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 9-19-60				and last saw ^{her} him alive on 10-29-60		Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Richard W. Fuller M.D.</i>			22b. ADDRESS Bonne Terre, Missouri			22c. DATE SIGNED 11/4/1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/1/1960		23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) (State) Frankclay, Missouri (1960)	
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.			25. DATE RECD. BY LOCAL REG. Nov. 4, 1960		26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0361 6 Ann

MAR 22 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 _____
Signature of Student Embalmer

Signed Murphy L. Spinks

Licensed Embalmer No. 4236

P. O. Address Flat River

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

Dr. L. S. L.