

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000838

FILED VS JAN 3 1 1961

STATE FILE NUMBER

AMENDED

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sullivan		Length of stay in 1b 41 years	c. CITY OR TOWN Sullivan
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 203 Sewell St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 Sewell St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MARTHA Middle ISABELL Last WOODCOCK	4. DATE OF DEATH Month Jan. Day 23 Year 1961
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5. SEX Female	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 9/9/1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (City and state or country) Franklin Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Harmon	13b. MOTHER'S MAIDEN NAME Nancy Jane Worthington	14. NAME OF HUSBAND OR WIFE John F. Woodcock
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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) No	16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT Vieman Woodcock, Cuba, Missouri	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) CARDIAC DECOMPENSATION		Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) MITRAL STENOS + INSUFFICIENCY	YEARS
	DUE TO (c) ARTERIOSCLEROSIS	YEARS
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.)
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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
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21. I attended the deceased from 1959 to 1961 and last saw her/him alive on Jan 23-1961
Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W. Crawford (Degree or title)	22b. ADDRESS Sullivan, Mo.	22c. DATE SIGNED Jan 25-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/26/1961	23c. NAME OF CEMETERY OR CREMATORY Anaconda	23d. LOCATION (City, town, or county) (State) Anaconda, Missouri
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24. FUNERAL DIRECTOR Strauser-Lenox, Sullivan, Missouri.	25. DATE RECD. BY LOCAL REG. 1/25/61	26. REGISTRAR'S SIGNATURE Thurman Jr. Eaton
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Richard L. Strauss Student Embalmer No. 623
working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 5090

P. O. Address St. Clair,
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.