

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004353

FILED VS JAN 3 0 1961

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 2

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD TAKE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan		Length of stay in lb 2 yrs		c. CITY OR TOWN Milan		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input 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) First Middle Last William H. Woodall				4. DATE OF DEATH Month Day Year 1 - 20 1961				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-1-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.A. Car Wash			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Reger Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John T Woodall			13b. MOTHER'S MAIDEN NAME Mallisa Myers			14. NAME OF HUSBAND OR WIFE Dorothy Fox		
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 Dorothy Woodall		Address Reger - Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Chronic Coronary Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u> 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 INTERVAL BETWEEN ONSET AND DEATH 3 mi 5 yds.								
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 Milan Sullivan Mo.		COUNTY STATE		
21. I attended the deceased from <u>July 5, 1955</u> to <u>Jan 27, 1961</u> and last saw her alive on <u>Jan 24, 1961</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Joseph S. McGee</u> (Degree or title) M.D.				22b. ADDRESS <u>St. Louis, Mo</u>		22c. DATE SIGNED <u>1/21/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-23-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Schrock Cem</u>		23d. LOCATION (City, town, or county) <u>Reger - Mo</u>		(State)		
24. FUNERAL DIRECTOR <u>Schloenes</u> ADDRESS <u>Milan - Mo</u>			25. DATE RECD. BY LOCAL REG. <u>1-23-61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>			

FEB 21 1961

FEB 15 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Mulan - 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.