

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013253

STATE FILE NUMBER

AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 109

**FILED MAY 2 1961**

1. PLACE OF DEATH  
 a. COUNTY **FRANKLIN**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **VILLA RIDGE** Length of stay in lb  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **AT HOME** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MO.** b. COUNTY **FRANKLIN**  
 c. CITY OR TOWN **VILLA RIDGE** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **R.R. # 1** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **AGNES** Middle Last **WOODREL**  
 4. DATE OF DEATH Month **APRIL** Day **23** Year **1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH **JUNE 16, 1879** 9. AGE (last birthday) **81**  
 IF UNDER 1 YEAR: Months **9** Days **7** IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **IOWA** 11. BIRTHPLACE (City and state or country) **U.S.A.**  
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **JOHN GANLEY** 13b. MOTHER'S MAIDEN NAME **LAURA GRIFFITH** 14. NAME OF HUSBAND OR WIFE **JOHN W. WOODREL**

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. **NONE** 17. INFORMANT **BETTY MORGAN** Address **VILLA RIDGE, R.#1 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) **Hypospastic pneumonia**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Cerebro-vascular hemorrhage**  
 DUE TO (c) **Atherosclerotic C-V-R disease**  
 INTERVAL BETWEEN ONSET AND DEATH **4-5 days**  
**10 Feb 61**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **none**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **2 Feb 61** to **23 Apr 61** and last saw her <sup>per</sup> alive on **22 Apr 61**  
 Death occurred at **10:05 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **R. B. [Signature]** 22b. ADDRESS **Washington Mo.** 22c. DATE SIGNED **24 Apr 61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **APR. 24, 1961** 23c. NAME OF CEMETERY OR CREMATORY **HOME LAND CEM.** 23d. LOCATION (City, town, or county) (State) **WEST PLAINS MO.**

24. FUNERAL DIRECTOR ADDRESS **ROBERTSON'S FUNERAL HOME WEST PLAINS, MO.** 25. DATE RECD. BY LOCAL REG. **4/24/61** 26. REGISTRAR'S SIGNATURE **John E. Stuhmann**

**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 Ralph Ottman

Licensed Embalmer No. 4808

P. O. Address Union, Neb

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.