

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016335

STATE FILE NUMBER

Registration District No. F Primary Registration District No. 3000 Registrar's No. 141

AMENDED

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Length of stay in lb since 1942 | c. CITY OR TOWN Kirksville, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 915 E. Randolph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 915 E. Randolph Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Herbert R. Woodcock | | | 4. DATE OF DEATH Month Day Year May 18, 1961 |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3 April 1878 |
| 9. AGE (last birthday) 83 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Knox County, Mo |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME James A. Woodcock | |
| 13b. MOTHER'S MAIDEN NAME Mary Adelia Sever | | 14. NAME OF HUSBAND OR WIFE none | |
| 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 Willis Woodcock Address Hurdland, 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) 12 gauge shotgun wound into the chest in the heart area and about 4 inches to the left of the sternum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) self inflicted DUE TO (c) self inflicted | | | INTERVAL BETWEEN ONSET AND DEATH minutes |
| 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Mr Woodcock sat in the floor placed the butt of the shotgun against the baseboard and the muzzle against his chest and used a curtain rod to push the trigger to fire the gun. | |
| 20c. TIME OF INJURY Hour 2p Month May Day 18 Year 1961 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hallway at home | 20f. CITY, TOWN, OR LOCATION Kirksville, Adair, Mo. |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at App. 2:00p m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <i>Nova E. Foster</i> Nova E. Foster (Title) Coroner Adair Co. | |
| 22b. ADDRESS Kirksville, Adair, Mo. | | 22c. DATE SIGNED 20/May/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 21 May '61 | 23c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | 23d. LOCATION (City, town, or county) (State) Knox County, Mo |
| 24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME ADDRESS Edina, Mo | 25. DATE RECD. BY LOCAL REG. May 20, 1961 | 26. REGISTRAR'S SIGNATURE <i>Dorcas W. Ratliff</i> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X
X

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 _____ Signed _____
Signature of Student Embalmer

A. S. Rimer

Licensed Embalmer No. 5041

P. O. Address Edina, Minn.

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.