MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028760
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 123

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Length of stay in 1b: 3 days.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hospital — Inside Limits: Yes ✓ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howard
c. CITY OR TOWN: Glasgow — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 642 Market — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: William Middle: Otis Last: Woods
4. DATE OF DEATH: Month: June Day: 17 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ✓ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov 3 1879
9. AGE (Last birthday): 81
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): Section Hand
10b. KIND OF BUSINESS OR INDUSTRY: C.N.A. Railroad Co.
11. BIRTHPLACE (City and state or country): Stumitz Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lafayette Woods
13b. MOTHER'S MAIDEN NAME: Hannah Tolson
14. NAME OF HUSBAND OR WIFE: Ida Woods
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: not available
17. INFORMANT: Mrs. William Woods Address: Glasgow Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): INFARCTION OF THE MYOCARDIUM, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — YEARS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BRONCHITIS, ACUTE.
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 a.m. p.m. 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 6/13/61, to 6/17/61 and last saw him alive on 6/17/61
Death occurred at 5:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. Reed (Degree or title) M.D.
22b. ADDRESS: 329 Main St., Boonville, Mo
22c. DATE SIGNED: 8/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 20, 1961
23c. NAME OF CEMETERY OR CREMATORY: Lincoln
23d. LOCATION (City, town, or county) (State): Glasgow, Mo.
24a. FUNERAL DIRECTOR: Fremont Funeral Service
ADDRESS: Glasgow Mo.
25. DATE RECD. BY LOCAL REG.: Sept 1-61
26. REGISTRAR'S SIGNATURE: R. C. Hooper

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

US SEP 5 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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, M

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.