

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040802

STATE FILE NUMBER

AMENDED

Filed Nov 20 1961 Primary Registration District No. 200 Registrar's No. 1081 B

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 5 Weeks	c. CITY OR TOWN Mountain Grove
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. #2
3. NAME OF DECEASED (Type or print) First MAR THA Middle VIOLA Last WOODS			4. DATE OF DEATH Month November Day 6 , Year 1961
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 11/11/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 71 Years
11. BIRTHPLACE (City and state or country) Douglas County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis Vanover		13b. MOTHER'S MAIDEN NAME Maldy Strunk	14. NAME OF HUSBAND OR WIFE William C. Woods
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 William C. Woods - Mtn. Grove, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AORTIC VALVE STENOSIS			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FRACTURES, C-1 AND C-2 VERTEBRAE			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) AUTOMOBILE ACCIDENT	
20c. TIME OF INJURY Hour _____ Month, Day, Year SEPT ? 1961 a.m. _____ p.m. _____			
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.) RURAL HIGHWAY	20f. CITY, TOWN, OR LOCATION NEAR HOUSTON	COUNTY TEXAS STATE MISSOURI
21. I attended the deceased from OCT. 2, 1961 to NOV. 6, 1961 and last saw her/him alive on NOV. 5, 1961 Death occurred at 4:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James E. Jamerson, M.D. (Degree or title)		22b. ADDRESS 307 PROFESSIONAL BLDG. SPRINGFIELD, MO.	22c. DATE SIGNED 11-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/9/1961	23c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn Grove, Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-13-61
		26. REGISTRAR'S SIGNATURE Effie E. Meeter	

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mr. Snow, W

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.