

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016118
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 92

FILED APR 3 1962

VS 300
Rev. 4/59
b147
201472
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4 0
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94201
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Fulton</i>		Length of stay in 1b <i>30 years</i>	c. CITY OR TOWN <i>Fulton</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Callaway Mem. Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>301 Sunset Dr.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Reed William Woodson</i>			4. DATE OF DEATH Month Day Year <i>March 26 1962</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-2-1889</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Custodian</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>School</i>	9. AGE (last birthday) <i>72</i>
11a. FATHER'S NAME <i>French Woodson</i>		11b. MOTHER'S MAIDEN NAME <i>Fannie Hamilton</i>	11c. NAME OF HUSBAND OR WIFE <i>Ethel Woodson</i>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		12b. SOCIAL SECURITY NO. <i>[redacted]</i>	12c. INFORMANT Address <i>Mrs. Reed Woodson, Fulton, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>MINUTES</i>
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) <i>Recent Congestive Failure</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year			
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 COUNTY STATE
21. I attended the deceased from <i>March 24</i> to <i>March 26, 1962</i> and last saw him alive on <i>March 26, 1962</i> Death occurred at <i>1:45 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James E. Nee MD</i>		22b. ADDRESS <i>607 Court, Fulton, Mo</i>	22c. DATE SIGNED <i>3-30-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-28-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Carravasse Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Carravasse, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Marphin Funeral Home Fulton, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>March 30-1962</i>	26. REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>

VS APR 3 - 1962

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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, 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.