

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039709

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 400

STATE FILE NUMBER

FILED NOV 8 1962

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
Length of stay in lb <u>44 yrs</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>642 East 10th</u>	
3. NAME OF DECEASED (Type or print) First <u>Cecil</u> Middle <u>S.</u> Last <u>Woodard</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>10-15-1892</u>
9. AGE (last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coach carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac</u>	
11. BIRTHPLACE (City and state or country) <u>Moniteau Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>	
13a. FATHER'S NAME <u>Joe Woodard</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Allen</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Woodard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>702-16-1897</u>		17. INFORMANT <u>Mrs Martha Woodard</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture lacerations of palate, nose + mandible</u>		<u>9 days</u>	
DUE TO (c) <u>Accidental fall from ladder</u>		<u>9 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of both wrists, comminuted fracture of left patella requiring patellectomy, laryngeal edema beginning tracheostomy</u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell from ladder while working on his house</u>	
20c. TIME OF INJURY Hour <u>10:00</u> <u>a.m.</u> Month, Day, Year <u>Oct. 27, 1962</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>	
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20f. CITY, TOWN, OR LOCATION <u>Sedalia (Missouri)</u>	
20g. COUNTY <u>Pettis</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Oct. 27, 1962</u> to <u>Nov. 5, 1962</u> and last saw <u>him</u> alive on <u>Nov. 5, 1962</u>		Death occurred at <u>9:20 P.M.</u> on the date stated above, and to the best of my knowledge; from the causes stated.	
22a. SIGNATURE <u>Albert J. Campbell MD</u>		22b. ADDRESS <u>312 1/2 S. Ohio, Sedalia Missouri</u>	
22c. DATE SIGNED <u>Nov. 6, 1962</u>		22d. LOCATION (City, town, or county) <u>Sedalia</u>	
22e. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		22f. DATE RECD. BY LOCAL REG. <u>Nov. 6, 1962</u>	
22g. REGISTRAR'S SIGNATURE <u>Frances Shelby per W. Anderson</u>		22h. ADDRESS <u>Sedalia</u>	
22i. FUNERAL DIRECTOR <u>McLaughlin Bros</u>		22j. DATE <u>11-7-62</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

1 0808

2 0808

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9 9000

10 21

11 132

12 1-0

13 1-0

USE BLACK INK

OR
TYPEWRITER RIBBON

NOV 19 1962

NOV 20 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

K. P. McEary

Licensed Embalmer No.

3153

P. O. Address

Sedalia 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.