

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002544

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 304.3 Registrar's No. 7

FILED JAN 11 1963

VS 300
Rev. 4/59

3648
3648

3

4 0

5 2

6

7 0

8 0

9334X

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

| | | | | | | |
|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Marion | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Length of stay in 1b lifetime | c. CITY OR TOWN Hannibal | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rural Route # 2 | | |
| 3. NAME OF DECEASED (Type or print) First FRANK Middle W. Last WOOTEN | | | 4. DATE OF DEATH Month January Day 4 , Year 1963 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/15/1884 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe worker | | 10b. KIND OF BUSINESS OR INDUSTRY shoe factory | 11. BIRTHPLACE (City and state or country) Spalding, Mo. | | 12. CITIZEN OF WHAT COUNTRY United States | |
| 13a. FATHER'S NAME John Henry Wooten | | 13b. MOTHER'S MAIDEN NAME Sarah McCann | | 14. NAME OF HUSBAND OR WIFE Etna Wooten | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I | | | 17. INFORMANT E. H. Wooten, R. #2, Hannibal, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Asplenia | | | | | 3 days | |
| DUE TO (b) Aortic Atherosclerotic Vascular disease - | | | | | 1 year | |
| DUE TO (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic bleed - | | | | 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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | | Month, Day, Year | | | |
| 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from January 1, 1963 to January 4, 1963 and last saw her alive on January 3, 1963 Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE Robert J. Lanning - MD | | | 22b. ADDRESS Hannibal, Mo | | 22c. DATE SIGNED 1/4/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Jan. 5, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) Hannibal, Missouri | | |
| 24. FUNERAL DIRECTOR John Selway - Hannibal, Mo | | | 25. DATE RECD. BY LOCAL REG. Jan. 9, 1963 | 26. REGISTRAR'S SIGNATURE Dr. E. D. Lusk by Lillian M. Norman | | |

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

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 *John Schwartz*

Licensed Embalmer No. 4900

P. O. Address *Anniston, Ala*

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.

Permit received 1/9/63