

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005001

DO NOT WRITE ON THIS STUB

AMENDED

Filed FEB 4 1963 Primary Registration District No. 6285 Registrar's No. 3

STATE FILE NUMBER

VS 300  
Rev. 4/59  
11140  
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DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN. GROVE</b>		Length of stay in lb <b>7 YEARS</b>	c. CITY OR TOWN <b>MTN. GROVE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RT. 2 MTN. GROVE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RT. 2</b>
3. NAME OF DECEASED (Type or print) First <b>VIRDA</b> Middle <b>WOODS</b> Last <b>WOODS</b>		4. DATE OF DEATH Month <b>1</b> Day <b>28</b> Year <b>63</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 23. 1900</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>	IF UNDER 24 HR. Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOCKMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and state or country) <b>DOUGLAS COUNTY MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ISAC WOODS</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZA GOODMAN</b>		14. NAME OF HUSBAND OR WIFE <b>OLEVA WOODS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>MARJORIE ABSHER</b>		Address <b>MTN. GROVE</b>	
18. CAUSE OF DEATH (Enter only one cause per part) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Pneumonia Wound Chest, Pneumonia</b> DUE TO (b) <b>Pneumonia Wound, Head</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>1-28-63</b> <b>1-28-63</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Injured during altercation</b>	
20c. TIME OF INJURY Hour <b>1</b> a.m. <b>28-63</b> 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.) <b>Between father and son</b>		20f. CITY, TOWN, OR LOCATION <b>MTN. GROVE</b>	STATE <b>MO.</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>approximately 10:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>William M. L. Brown</b>		22b. ADDRESS <b>1101 Pine St. MO.</b>	
22c. DATE SIGNED <b>1-30-63</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-31-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST</b>	23d. LOCATION (City, town, or county) <b>MTN. GROVE MO.</b>
24. FUNERAL DIRECTOR <b>BARBER</b>	ADDRESS <b>MTN. GROVE MO</b>	25. DATE RECD. BY LOCAL REG. <b>1-30-63</b>	26. REGISTRAR'S SIGNATURE <b>Bernard Silverman</b>

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STATEMENT BY LICENSED EMBALMER

E-OP

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Bob Dav Student Embalmer No. 678

working under my personal supervision.

Student Bob Dav  
Signature of Student Embalmer

Signed RW Barber

Licensed Embalmer No. 3848

P. O. Address \_\_\_\_\_

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.