

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010181

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 372 Primary Registration District No. 6261 Registrar's No. 2

FILED FEB 25 1963

VS 300  
Rev. 4/59

DATE AMENDED

1/120

2/120

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4 1

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Webster</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>                  |   |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>West Benton</b>  |   | Length of stay in 1b<br><b>12 yrs</b>   | c. CITY OR TOWN <b>Rogersville</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Rt. # 1</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (if outside, give location)<br><b>Rt. # 1</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>IDA RACHEL WOODRUFF</b>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>February 13, 1963</b>  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11-5-1889</b>  |
| 9. AGE (last birthday)<br><b>73</b>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>Sterling Barton</b>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Silvey</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Charlie</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><b>Charlie Woodruff, Rogersville, Mo.</b>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Natural Cause (Probably - Myocardial Infarction)</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Arteriosclerotic Heart Disease over 8 yrs.</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease over 8 yrs.</b><br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs.</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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <b>7/14/54</b> to <b>10/30/61</b> and last saw her <b>alive</b> on <b>10/20/61</b><br>Death occurred at <b>7 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE<br><b>David H. Hall, MD</b> (Degree or title)   |   | 22b. ADDRESS<br><b>Springfield, Mo</b>  | 22c. DATE SIGNED<br><b>2/15/63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>2-17-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairfield</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Fairfield, California</b>   |
| 24. FUNERAL DIRECTOR<br><b>Wm. K. Ferrell, Rogersville, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>2-16-1963</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Gilbert Jones</b>   |

**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 James K. Terrell

Licensed Embalmer No. 7910

P. O. Address Rockwell, 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.