

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033150

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 276

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS:300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1604 South Carr Avenue		d. STREET ADDRESS (If outside, give location) 1604 South Carr Avenue	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First ALBERT Middle TILDEN Last WOODSON		4. DATE OF DEATH Month August Day 14 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9-15-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Cash Hardware	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) Longwood, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George W. Woodson		13b. MOTHER'S MAIDEN NAME Mary J. Morgan	
14. NAME OF HUSBAND OR WIFE Hettie M. Whitley Woodson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 491-07-4380		17. INFORMANT Mrs. Hettie M. Woodson - Sedalia, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA DUE TO (b) Cerebral Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 4 days
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:05 a.m. p.m. Month, Day, Year 8/14/63	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sedalia, Mo
21. I attended the deceased from 1962 to 8/14/63 and last saw him alive on 8/13/63 Death occurred at 8:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Olvin F. Lowe, M.D.	
22b. ADDRESS Sedalia, Mo		22c. DATE SIGNED 8/14/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-16-1963	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) Sedalia, Missouri
24. FUNERAL DIRECTOR D.W. Heckart		25. DATE RECD. BY LOCAL REG. Aug. 16, 1963	26. REGISTRAR'S SIGNATURE Frances M. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 R. Farmer

Licensed Embalmer No. 5173

P. O. Address

Adalia 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.