

CERTIFICATE OF DEATH

124

71 0013693

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 21

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Grace		Ellora		Woodside				2. Fe	3. Mar. 5 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC.		AGE—LAST BIRTHDAY (1951)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		80		MOS. DAYS		HOURS MIN.		Dec 17 1890		Sullivan
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Milan		7c. Yes		7d. Su'llivan Co Mem Hosp						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Missouri		9. USA		10. Married		11. Alex Woodside				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RESIDUAL)		KIND OF BUSINESS OR INDUSTRY						
12. 494 40 8629		13b. Housewife		13c. Home						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
14a. Mo		14b. Linn		14c. Purdin		14d. Mo		14e.		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		
15. Charles		Garrett						16. Sara Jane Cassity		
INFORMANT—NAME		Mailing Address		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP						
17a. Alex Woodside		17b. Purdin Mo								
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE										
(a) Cerebral thrombosis multiple									8 days	
DUE TO, OR AS A CONSEQUENCE OF:										
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST										
(b)										
DUE TO, OR AS A CONSEQUENCE OF:										
(c)										
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)							IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19. Hemiplegia antero-lateral Cerebral		19a. No							19b.	
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.		20c.		20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS				
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U.S.A.				
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH
21a. I ATTENDED THE DECEASED FROM		2		25		71		21c. 3/5 71		21d. Not
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH		DAY		YEAR
22a.		22b. 3		22c. 5		22d. 71		22e.		22f.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. T.R. M. A. R. T. O. R.		23b. T.R. M. A. R. T. O. R.		23c. M.D.		23d. 6/4/38				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23a.		23b.		23c.		23d.		23e.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		STATE				
24a. Burial		24b. Purdin		24c. Purdin Mo		24d.				
DATE		FURNAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN		STATE, ZIP		
24d. 3/7 1971		24e. Wade Funeral Home		24f. Browning Mo		24g.				
FURNAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25a. Gerald T. White		25b. Mrs. M.W. Beckert		25c. 3-18-71						

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 David S. LaFevers, Student Embalmer No. 962

working under my personal supervision.

Student

David S. LaFevers

Signature of Student Embalmer

Signed

Serald I. Webb

Licensed Embalmer No.

4172

P. O. Address

Browning

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.