

7-11-67

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0045049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 376

FILED NOV 29 1967

1. PLACE OF DEATH
 a. COUNTY St. Francois
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Length of stay in 1b 12 Days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Francois
 c. CITY OR TOWN Bonne Terre Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 211 Hill St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Frank London Woodside
 (Type or print)

4. DATE OF DEATH Month Day Year
November 19, 1967

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5/31/93 9. AGE (last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineering
 10b. KIND OF BUSINESS OR INDUSTRY Retired St. Joe Lead Co
 11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.
 12. CITIZEN OF WHAT COUNTRY U S

13a. FATHER'S NAME Alonzo Woodside 13b. MOTHER'S MAIDEN NAME Emma Johnson 14. NAME OF HUSBAND OR WIFE Jennie Edwards

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. 490-03-7101 17. INFORMANT Wife Address Jennie Woodside, Bonne Terre, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Infarction of myocardium INTERVAL BETWEEN ONSET AND DEATH 12 days
 DUE TO (b) Arteriosclerotic coronary thrombosis
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus
 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 a.m. p.m. Month, Day, Year
 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 COUNTY STATE

21. I attended the deceased from 4-24-67 to 11-19-67 and last saw him alive on 11-19-67
 Death occurred at 11:20P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Woodside (Degree or title) 22b. ADDRESS Bonne Terre, Missouri 22c. DATE SIGNED 11-22-67

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/22/67 23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery 23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri

24. FUNERAL DIRECTOR Sparks Funeral Home, Bonne Terre Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Nov 22, 1967 26. REGISTRAR'S SIGNATURE Eather Rudloff

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Fayette J. Paul

Licensed Embalmer No. 5403

P. O. Address Bonne Terre, 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.