

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 1045

**FILED FEB 11 1949**

No. 300  
10.48

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Cradle 5594

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		d. STREET ADDRESS (If rural, give location) <u>506 JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 JACKSON ST 1</u>				d. STREET ADDRESS (If rural, give location) <u>506 JACKSON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLADYS</u> b. (Middle) <u>MARIE</u> c. (Last) <u>WOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 3, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 5, 1902</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SW Bell Tel Co</u>		11. BIRTHPLACE (State or foreign country) <u>Leavenworth Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D.H. Colwell</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Merle Wood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-01-5029</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>x Ernest Wood Trenton Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Rectum - Operated 6 months previous to death</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>57</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 14</u> , 19 <u>48</u> , to <u>Feb. 4th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 2nd</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Oliver F. Duffy M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>Feb 5th - 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 5, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Of. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Jeane Fair</u>		25. FORENSIC DIRECTOR'S SIGNATURE ADDRESS <u>Rayne A Davis, Trenton, MO.</u>			

MAR 31 1949

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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.

Signed Walter E. Meyer

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 04491

P. O. Address Stenton

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 this body is not embalmed, fact should be so stated above.