

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16435

State File No. *16435*

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY <u>Waclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Waclede 23</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>72 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>204 Springfield Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Wood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 9 1876</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Grocer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Downey</u>	14. NAME OF HUSBAND OR WIFE <u>Eaucuia Wood</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Aubrey Burgess</u> ADDRESS <u>Lebanon 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, cause not specified</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>5-1-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Suppurative peritonitis</u>		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>4-27</u> , 1949, to <u>5-11</u> , 1949, that I last saw the deceased alive on <u>5-10</u> , 1949, and that death occurred at <u>2:35 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Narell</u> (Degree or title) _____		23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>5-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/13/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>
DATE REC'D BY LOCAL REG <u>May 19-1949</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	4245 FUNDAL DIRECTOR'S SIGNATURE <u>Palmer</u>	ADDRESS <u>Lebanon, Mo.</u>

Received **MAY 21 1949**

Laclede County Health Unit

File No. **5-49-60**

Date Filed **MAY 23 1949**

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 Richard L. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4595

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.