

FILED AUG 22 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29144

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>32</u>			
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u>		c. LENGTH OF STAY (in this place) <u>68 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove</u>		1140			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROSE HILL 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rose Hill</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u>		b. (Middle) <u>EVA</u>		c. (Last) <u>WOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 7 1949</u>			
5. SEX <u>1</u> <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>DEC. 19 1880</u>		9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR Days <u>2</u>	# UNDER 2 HRS. Hours <u>18</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PINKNEYVILLE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>W M MANSTER</u>		13b. MOTHER'S MAIDEN NAME <u>ADELINE RAY</u>		14. NAME OF HUSBAND OR WIFE <u>CECIL EARL 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>Great Earl Wood, Mtn Grove, Mo.</u> ADDRESS _____					
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>Paralysis Epitonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ... DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>350X</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) m.		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>18 April</u> , 1949, to <u>7 Aug</u> , 1949, that I last saw the deceased alive on <u>7 Aug</u> , 1949, and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Sell Cannon M.D.</u>				23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>8 Aug 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>AUG 9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u>		24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE MO</u>			
DATE REC'D BY LOCAL REG. <u>8-8-49</u>		REGISTRAR'S SIGNATURE <u>C. C. Ames</u> 3480		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Boor</u>		ADDRESS <u>MTN. GROVE, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 171848
District File Number 849-951
Date Filed 8-18-49

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
Student Embalmer

Signed R. W. O'Beah

Licensed Embalmer No. 3848

P. O. Address 9th Army

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.