

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
c. LENGTH OF STAY (In this place) <u>43 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>601 Gardner</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 Gardner</u>		d. STREET ADDRESS (If rural, give location) <u>601 Gardner</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>ELsworth</u> c. (Last) <u>Wood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-10-1863</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Thirza Mendenhall</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Wood</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Wood</u> ADDRESS <u>Shelby, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUCE TO (b) <u>Carcinoma of Stomach</u> <u>2 year</u>	
DUCE TO (c) _____		DUCE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>12-6-1944</u> , to <u>January 28 1950</u> , that I last saw the deceased alive on <u>1-23-1950</u> , and that death occurred at <u>8:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Howard E. Gross, D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>1-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-30-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elmer Mo</u>
DATE REC'D BY LOCAL REG. <u>1-29-50</u>	REGISTRAR'S SIGNATURE <u>Wate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hopper Funeral Home</u> ADDRESS <u>Clarence</u>	

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

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Mr. Howard Gross

RECEIVED FEB 7 1937
District Health Officer No.
District File Number 232-26
Date Filed FEB 7 1937

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 Louis E. Hopper

Licensed Embalmer No. 4261

P. O. Address Clarke St

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.