

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7318

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Shelby - Rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Black Creek Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Black Creek Twp</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>1820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>FOSTER</u> c. (Last) <u>WOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>week 4 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 4 - 1891</u>
9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>		IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS, OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Wood, Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Wood</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War - I</u>		16. SOCIAL SECURITY NO. <u>7-16-149</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Wood</u>		ADDRESS <u>Shelbyville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Aug 7 - 1918 -</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio Sclerosis Hypertension</u>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</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) (Min.)		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>week 4, 1950</u> to <u>week 4, 1950</u> that I last saw the deceased alive on <u>week 4, 1950</u> , and that death occurred at <u>1:20 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. G. Beeler M.D.</u>		23b. ADDRESS <u>Shelbyville Mo.</u>	
23c. DATE SIGNED <u>3-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 7 - 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 9 - 50</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>E. Thompson</u>		ADDRESS <u>Shelbyville Mo</u>	

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

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MAR 29 1951

RECEIVED
MAR 13 1951
District Health Officer No. 1
District File Number 3-50-44
Date Filed MAR 13 1951

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 Myself Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. P. Thompson

Licensed Embalmer No. 1637

P. O. Address Shelbyville 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.