

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19559**

0142  
2

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wagon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DK</u>	
c. LENGTH OF STAY (In this place) <u>267-47-1208</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital Mo!</u>			
3. NAME OF DECEASED a. (First) <u>JOE</u> b. (Middle) _____ c. (Last) <u>WOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>DK</u>	8. DATE OF BIRTH <u>DK</u>
9. AGE (In years) (Months) (Days) <u>50</u>		10. AGE (In years) (Months) (Days) <u>about</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>m</u>	11. BIRTHPLACE (State or foreign country) <u>DK</u>
12. CITIZEN OF WHAT COUNTRY? <u>DK</u>		13. FATHER'S NAME <u>DK</u>	
13b. MOTHER'S MAIDEN NAME <u>DK</u>		14. NAME OF HUSBAND OR WIFE <u>DK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital w/ Fulton</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>Cholera</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>584X</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)		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>June 1, 1950</u> , to <u>June 20, 1950</u> , that I last saw the deceased alive on <u>June 19, 1950</u> , and that death occurred at <u>4:20 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J.R. Price</u>		23b. ADDRESS <u>mt Fulton Mo</u>	
23c. DATE SIGNED <u>6/20/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/21/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. MONT C I E.</u>		24d. LOCATION (City, town, or county) (State) <u>Leavenworth Kansas</u>	
DATE REC'D BY LOCAL REG. <u>June 24-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	
426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>margin's Funeral Home, Fulton, Mo</u>	

RECEIVED JUN 26 1950  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Walter J. Haines Jr*

Licensed Embalmer No. *4557*

P. O. Address *Fulton, 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.