

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22605**

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6278		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Wright b. CITY (If outside corporate limits, write RURAL and give town) Rural Brush Creek c. LENGTH OF STAY (In this place) 87 Yrs d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright c. CITY (If outside corporate limits, write RURAL, and give township) Rural Brush Creek Twp d. STREET ADDRESS (If rural, give location) 8 Miles East Hartville			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Dallas c. (Last) Wood			4. DATE OF DEATH (Month) (Day) (Year) 6 3 1950		5. SEX M		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 6, 1859		9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 10 Days 27 IF UNDER 2 HRS. Hours 1 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Framing		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Claiborne Wood			13b. MOTHER'S MAIDEN NAME Marv Pidman		14. NAME OF HUSBAND OR WIFE - Arnes Wood Dec.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hosea Wood		ADDRESS Hartville, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Regurgitation 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.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
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) _____		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 May 31, 1950 , to June 3, 1950 , that I last saw the deceased alive on June 2, 1950 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J.R. Mott (Degree or title) M.D.				23b. ADDRESS Hartville Mo		23c. DATE SIGNED 6-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Bethel Chapel		24d. LOCATION (City, town, or county) (State) Norwood Mo	
DATE REC'D BY LOCAL REG. 6/17/50		REGISTRAR'S SIGNATURE [Signature] 346		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden		ADDRESS Hartville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1140

JAN 29 1957

RECEIVED JUN 17 1950
WRIGHT CO. HEALTH DEPT.
County File Number 650-82
Date Filed 6-17-50

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 Gene E. Halder

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.