

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17666**

S. No. 300
V. 10-48

0891

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

FILED JUN 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>70 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		<u>0890</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Hill Street</u>				d. STREET ADDRESS (If rural, give location) <u>South Hill Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hoe</u> b. (Middle) <u>Selby</u> c. (Last) <u>Wood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 3, 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mining</u>		11. BIRTHPLACE (State or foreign country) <u>Hardin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Selby Wood</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Alice Wood</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Frank Wood, Richmond, Mo</u>				ADDRESS <u>Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES <u>Complication of fracture, simple, left humerus</u> DUE TO (b) <u></u> DUE TO (c) <u>Unknown injury</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u></u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 weeks</u> <u>3 weeks</u> <u>36 0</u> <u>6 23</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond Ray Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1 1951 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No witnesses</u>				
22. I hereby certify that I attended the deceased from <u>5/1 1951</u> , to <u>5/13 1951</u> , that I last saw the deceased <u>alive on 5/10 1951</u> , and that death occurred at <u>8:00 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (In green or blue ink) <u>D. L. Drasterson, M.D.</u>				23b. ADDRESS <u>Richmond, Mo</u>		23c. DATE SIGNED <u>5/17/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Malib Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest, A. & FUNERAL HOME</u>		ADDRESS <u>Richmond, Missouri</u>		



Handwritten signature
District Health Officer

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.....

Licensed Embalmer No. *4066*

P. O. Address *Seaside, N.C.*

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.