

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32431**

FILED NOV 15 1951

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 299

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| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</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>Macon</u> / <u>0611</u> | |
| c. LENGTH OF STAY (If this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Grimsirth Memorial Hosp</u> | | | |

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|-------------------------------------|--------------------------|----------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Edward</u> | b. (Middle) <u>Stephen</u> | c. (Last) <u>Wood</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1951</u> |
|-------------------------------------|--------------------------|----------------------------|-----------------------|---|

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|--------------------|---------------------------|---|---------------------------------------|---|------------------------|----------------------|----------------------|---------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>Aug. 20, 1868</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
|--------------------|---------------------------|---|---------------------------------------|---|------------------------|----------------------|----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Hedrick, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Wood</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Beasfield</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Wood (Son)</u> | ADDRESS <u>Atlanta Mo</u> |
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| 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> | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable ca. of colon</u> | | <u>several months</u> |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile arteriosclerosis</u> | | <u>several</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>153X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) |
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|--|---|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from 11-2-1951, to 11-5-1951, that I last saw the deceased alive on 11-5-1951, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>George E. Grimm</u> (Degree or title) <u>0</u> | 23b. ADDRESS <u>M.D. Kirksville Mo</u> | 23c. DATE SIGNED <u>11/5/51</u> |
|--|--|---------------------------------|

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|---|------------------------------|---|---|
| 24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 7-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>La Plata, Macon Co, Mo</u> |
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|---|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>11-5-51</u> | REGISTRAR'S SIGNATURE <u>Kate Bernhart</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Woodring</u> | ADDRESS <u>Atlanta Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
0130

MS
MAR 16 1969

Date Received: NOV 13 1957
DISTRICT HEALTH OFFICE #2
District File Number 11-57-3088
Date Filed: NOV 13 1957

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 H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

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.