

STANDARD CERTIFICATE OF DEATH

36109

State File No. ....

NOV 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 90

1. PLACE OF DEATH  
a. COUNTY Shelby County  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.  
c. LENGTH OF STAY (in this place) 6 Yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Shelby  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.  
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED  
a. (First) CHARLES b. (Middle) EUGENE c. (Last) WOOD

4. DATE OF DEATH. (Month) (Day) (Year) 10-30-1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 6-24-1870

9. AGE (In years last birthday) 81 4 Months 6 Days 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Monroe Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Wood

13b. MOTHER'S MAIDEN NAME Martha Rogers

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hazel Wood, Shelbina, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Uremia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Chronic nephrosclerosis  
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  
3 days  
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 446 X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10 1951, to Oct 19 1951, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) T. J. Hoercher Sr. M.D.

23b. ADDRESS Shelbina Mo.

23c. DATE SIGNED 11/1/51

24a. BURIAL, CREMATION, REBURNAL (Specify) Burial

24b. DATE 11-1-1951

24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.

24d. LOCATION (City, town, or county) (State) Shelbina, Mo.

DATE REC'D BY LOCAL REG. 11-3-51

REGISTRAR'S SIGNATURE Ada Garrison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.

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

Date Received: NOV 6  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-1954  
Date Filed NOV 8

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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3498

P. O. Address. Shiloh - Md

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.