

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28379

AUG 25 1952

State File No. 3574

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson 3				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE South Dakota PENNINGTON COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		c. LENGTH OF STAY (in this place) TOWN Hill City 8400		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hill City 8400		d. STREET ADDRESS (If rural, give location) 817	
d. FULL NAME OF HOSPITAL OR INSTITUTION Buses Station 917 ME Lee				d. STREET ADDRESS (If rural, give location) 817			
3. NAME OF DECEASED a. (First) (Type or Print) Orion		b. (Middle) St.		f. (Last) Wood		4. DATE OF DEATH (Month) (Day) (Year) 8-8-52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-20-1881	9. AGE (In years) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City or State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Ben F. Wood		13b. MOTHER'S MAIDEN NAME Catharine		14. NAME OF HUSBAND OR WIFE Margaret Wood			
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. L. Wood Hill City, S. D.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably coronary occlusion DUE TO (c) Atrial Fibrillation & Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh B. Owens (Degree or title)				23b. ADDRESS 1034 Pratt Bldg.		23c. DATE SIGNED 8-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE 8/9/52		24c. NAME OF CEMETERY OR CREMATORY Hill City Cem		24d. LOCATION (City, town, or county) (State) Hill City, S. D.	
DATE REC'D BY LOCAL REG. 8-9-52		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE J. L. Wood		ADDRESS 1500	

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

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 *John B. Carpenter*

Licensed Embalmer No. *4773*

P. O. Address *K C 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.