

STANDARD CERTIFICATE OF DEATH

State File No. _____

060
1
OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6109 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wickham</u>	c. LENGTH OF STAY (In this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wickham</u> <u>1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home Wickham</u>		d. STREET ADDRESS (If rural, give location) <u>rural Wickham</u>	

3. NAME OF DECEASED. (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Luzanna</u> c. (Last) <u>Wood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MARCH 1, 1858</u>	9. AGE (In years last birthday) <u>94</u> Months <u>6</u> Days <u>22</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Barnhart</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Adom</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Roscoe Clements</u> ADDRESS <u>Wickham</u>
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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, ashenia, etc.; it means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>70</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Shaver's Osteomyelitis</u> 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Sept 19 1952 to Sept 23 1952, that I last saw the deceased alive on Sept 19 1952, and that death occurred at Wickham m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Wickham</u>	23c. DATE SIGNED <u>10/27/52</u>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wickham Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wickham Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 21-52</u>	REGISTRAR'S SIGNATURE <u>J E Copwood 376</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Janetth Funeral Home</u> ADDRESS <u>Taney</u>
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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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Forayth, 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.