No. 300
10.48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37603

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Barton Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iantha
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) A. c. (Last) Woods
4. DATE OF DEATH (Month) (Day) (Year): Dec. 12, 1952
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 3, 1868
9. AGE (In years last birthday): 84 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand, Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Frisco R.R.
11. BIRTHPLACE (State or foreign country): Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Newell Wood
13b. MOTHER'S MAIDEN NAME: Rebecca Quillin
14. NAME OF HUSBAND OR WIFE: Anna Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frank A. Wood, Iantha, Mo. ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectosigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: 153 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) m.
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* 11/30/52 19__, *to* 12/12/52 19__, *that I last saw the deceased alive on* 12/11/52 19__, *and that death occurred at* 2:00 a m. *from the causes and on the date stated above.*

23a. SIGNATURE: A. R. Cain (Degree or title) MD
23b. ADDRESS: Lamar, Mo.
23c. DATE SIGNED: 12/12/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-14-1952
24c. NAME OF CEMETERY OR CREMATORY: Iantha Cemetery
24d. LOCATION (City, town, or county) (State): Iantha, Missouri

DATE REC'D BY LOCAL REG.: 12-13-1952
REGISTRAR'S SIGNATURE: Marie Konantz 14-0
25. FUNERAL DIRECTOR'S SIGNATURE: Florence M. Cole ADDRESS: Lamar Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1953

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 Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 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.