

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7126**

No. 300
10.45 FILED MAR 5 - 1953

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **444** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before death.) a. STATE Mo b. COUNTY PIKE	
b. CITY OR TOWN Bowling Green		c. CITY OR TOWN Bowling Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) BELLE c. (Last) WOOD			4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1953		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb 12 1895		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months 0 Days 9	
11. UNDER 100 HRS. Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Pike Co. Mo			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME James M Smith		13b. MOTHER'S MAIDEN NAME Lucy Ann Harris		14. NAME OF HUSBAND OR WIFE ISAAC 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. I		17. INFORMANT'S SIGNATURE OR NAME Clarence Shanon Bowling Green Mo	
				ADDRESS Bowling Green 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 months	
		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. 331X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 **Dec 24**, 19**52**, to **Feb 21**, 19**53**, that I last saw the deceased alive on **Feb 20**, 19**53**, and that death occurred at **9:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Amos B. Bragg, M.D. (Degree or title)		23b. ADDRESS Bowling Green, Mo		23c. DATE SIGNED Feb 23, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 24 1953		24c. NAME OF CEMETERY OR CREMATORY Bowling Green	
24d. LOCATION (City, town, or county) (State) Bowling Green Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Grace Danekhad		ADDRESS Bowling Green Mo	
DATE REC'D BY LOCAL REG. 2-27-53		REGISTRAR'S SIGNATURE Bill Robinson		24f. FUNERAL DIRECTOR'S SIGNATURE Grace Danekhad	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed: *Harold C. Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Bonning Green, N.J.*

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.