

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22252

State File No. _____

FILED JUN 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>5793</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL LINN</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL LINN</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR JAMESTOWN MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>MONTEVILLE</u>			b. (Middle) <u>WOOD</u>			c. (Last) <u>WOOD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Jan 3 - 1866</u>		9. AGE (in years last birthday) <u>87</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 1 YEAR: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY JANE GEORGE</u>			
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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Lee Berger</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis hypertensiva</u> <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis hypertensiva</u> DUE TO (c) <u>Senile dementia</u>				INTERVAL BETWEEN ONSET OF DISEASE AND DEATH <u>2 weeks</u> <u>10 years</u> <u>6 mos.</u>	
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 <u>Feb 7, 1953</u> , to <u>June 13, 1953</u> , that I last saw the deceased alive on <u>Feb 7, 1953</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edgar A. Kibbs M.D.</u> (Degree or title)				23b. ADDRESS <u>California Mo.</u>		23c. DATE SIGNED <u>6/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. LION. C.E.M.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR JAMESTOWN MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 17 - 1953</u>		REGISTRAR'S SIGNATURE <u>Yada M. Snow 199</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ALBERT HAYNECK</u> ADDRESS <u>BAIRIE HOME MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

80

300
48

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 *to Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home, Ill*

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.