

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22379**

FILED JUN 18 1953

BIRTH NO. _____ REG. DIST. NO. **222** PRIMARY REG. DIST. NO. **6908** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Pennington		2. USUAL RESIDENCE (Where deceased lived) at date of death (residence before admission to hospital) a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Holland Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gibson	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R-1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deid. In Ambulance			
3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Gale c. (Last) Wood		4. DATE OF DEATH (Month) (Day) (Year) May 30-1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan 16-1952
9. AGE (In years last birthday) 1 MONTHS 4 DAYS 14		9. AGE (In years last birthday) 1 MONTHS 4 DAYS 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Gibson Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hermon Wood		13b. MOTHER'S MAIDEN NAME Madaglene Kinsey	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hermon Wood		ADDRESS Gibson 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 Concussion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 30 hrs. 30 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 072	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Gibson Mo Pt 1 New Madrid Mo			
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?			
22. I hereby certify that I attended the deceased from May 29 1953 , to May 30 1953 that I last saw the deceased alive on May 30 1953 , and that death occurred at 5:45 P.M. from the causes and on the date, stated above.			
23a. SIGNATURE (Degree or title) Paul C. Wittenbein M.D.		23b. ADDRESS Hennell, Mo.	
23c. DATE SIGNED 6-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-53	
24c. NAME OF CEMETERY OR CREMATORY New Madrid		24d. LOCATION (City, town, or county) (State) Malden, Mo.	
DATE REC'D BY LOCAL REG. 6-10-53		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd M. Russell		ADDRESS Liggoff	

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

No. 300
10.48

756
3

6-203-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 16 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509-Ork

P. O. Address Piggott, Ark

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.