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FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29294

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Plata
c. LENGTH OF STAY (in this place) 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) no.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Town 0610
d. STREET ADDRESS (If rural, give location) no. 0

3. NAME OF DECEASED (Type or Print) a. (First) Jefferson b. (Middle) Andrew c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) 7-30-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1-22-1888
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 6 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer.
11. BIRTHPLACE (State or foreign country) Adair County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Wood
13b. MOTHER'S MAIDEN NAME Rosie Lagle
14. NAME OF HUSBAND OR WIFE Ida Wood Deased

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. 702-09-9601
17. INFORMANT'S SIGNATURE OR NAME B. L. Wood ADDRESS Sioux City Ia.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

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 4201
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* 7-30, 1953; *to* 7-30, 1953, *that I last saw the deceased alive on* 7-30, 1953, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold D. Lehr D.O. (Degree or title)
23b. ADDRESS La Plata Mo.
23c. DATE SIGNED 7-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 1-53
24c. NAME OF CEMETERY OR CREMATORY La Plata
24d. LOCATION (City, town, or county) La Plata (State) Mo.

DATE REC'D BY LOCAL REG. Aug 2 1953
REGISTRAR'S SIGNATURE Mrs O B Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE D. S. Christie ADDRESS La Plata Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 19

DEC 10 1954

RECEIVED 8.12.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.53.~~145~~ 144
Date Filed ~~8.53.144~~ 8.13.53

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.