

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31403

State File No. ....

FILED SEP 16 1953  
BIRTH MO. ...

REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Springcreek		c. CITY OR TOWN Salem	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yr s		e. STREET ADDRESS (If rural, give location) North of Salem on 19 H W	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0330	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) E c. (Last) Wood			4. DATE OF DEATH (Month) (Day) (Year) Sept 4/53			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/23/80	9. AGE (In years last birthday) 72	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) farmer		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Douglas Co Mo		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Marion Wood		13b. MOTHER'S MAIDEN NAME Sarah Jane Sisco		14. NAME OF HUSBAND OR WIFE Ethel (Shults) Woods	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Woods Salem Mo rt 4	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Block		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Diabetic Sugar 3 X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from July 31, 1953, to Sept 4, 1953 that I last saw the deceased alive on Sept 4, 1953 and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. A. Scott M.D.		23b. ADDRESS St James Ave		23c. DATE SIGNED 8-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/7/53	24c. NAME OF CEMETERY OR CREMATORY Chrisco Cem	24d. LOCATION (City, town, or county) (State) Gladden Mo	

DATE REC'D BY LOCAL REG. 9-11-53	REGISTRAR'S SIGNATURE M. M. Hart, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl R. Spitzer, Salem Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *Carl K. Gamm*

Licensed Embalmer No. *29*

P. O. Address *Salina*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.