

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44845

State File No.

FILED DEC 21 1953

REG. DIST. NO. 324

PRIMARY REG. DIST. NO. 3072

Registrar's No. 270

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 270	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. LENGTH OF STAY (in this place) 9 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		d. STREET ADDRESS (If rural, give location) 674 South Odell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hos pital							
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Knight c. (Last) Wood			4. DATE OF DEATH (Month) (Day) (Year) December 15-1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10-1880		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed in Carpenter work		10b. KIND OF BUSINESS OR INDUSTRY Albarmerle Co. Virginia		11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis M. Wood		13b. MOTHER'S MAIDEN NAME Octavia Shields Perkins		14. NAME OF HUSBAND OR WIFE			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis W. Smith-Marshall, Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arterial Sclerosis 44yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma Prostate 6yrs					INTERVAL BETWEEN ONSET AND DEATH 2 WKS
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4500H		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) (Min.)		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 2, 1953, Dec 15, 1953 that I last saw the deceased alive on Dec 15, 1953 and that death occurred at 10P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. B. ...				23b. ADDRESS		23c. DATE SIGNED 1/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/17/53	24c. NAME OF CEMETERY OR CREMATORY Sweet Man Garden		24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. 12-17-1953		REGISTRAR'S SIGNATURE Sidney F. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leahy Spring-Marshall, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0972

0972

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 J. Leslie Swamy

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo.

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.