

EILED MAY 19 1954
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15342**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **135**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (in this place) 43yrs	c. CITY OR TOWN Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 East Ashley Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) None c. (Last) Wood, Jr.		4. DATE OF DEATH (Month) (Day) (Year) May 16 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan-25-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
11a. FATHER'S NAME William Wood, Sr.		11b. MOTHER'S MAIDEN NAME Catherine Creighton	11. BIRTHPLACE (City and State or Foreign Country) Markham, Ontario, Canada
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Wood, Sr.		13b. MOTHER'S MAIDEN NAME Catherine Creighton	14. NAME OF HUSBAND OR WIFE Nettie Wood
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. Benson Wood, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 Mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	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 4341	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **July 8, 1953**, to **May 15, 1954** that I last saw the deceased alive on **May 11, 1954**, and that death occurred at **10:30P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Eugene E. Robledo (Degree or title)	23b. ADDRESS 616 E. High Jefferson City, Mo	23c. DATE SIGNED May 17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May-18-54	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery Jefferson City, Mo
24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R.P. Dorris M.D. M.D. Jefferson City, Mo.	

DATE REC'D BY LOCAL REG. **May 17-1954** REGISTRAR'S SIGNATURE **R.P. Dorris M.D. M.D.** ADDRESS **Jefferson City, Mo.**
(Licensed Embalmer's Statement (on Reverse Side))

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

MAY 28 1954

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 *Joseph J. Gordon*

Licensed Embalmer No. *1284*
P. O. Address *Jeff City*

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.