S. No. 300
v. 10.48

FILED SEP 23 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32870

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 11

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

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIEDMONT
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304 E. Elm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PIEDMONT
d. STREET ADDRESS (If rural, give location): 304 E. Elm

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3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): Columbus
c. (Last): Wood

4. DATE OF DEATH (Month) (Day) (Year): AUG 22 1954

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG 16, 1884
9. AGE (In years last birthday): 70 — If under 1 year: Months 0, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): WAYNE COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: RICHARD Wood
13b. MOTHER'S MAIDEN NAME: SALLY Whitesell
14. NAME OF HUSBAND OR WIFE: ROSE COLE

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.: UNK.
17. INFORMANT'S SIGNATURE OR NAME: MRS. VERNA MARTIN — ADDRESS: PIEDMONT MISSOURI

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: 1 week

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.: Myocarditis — D. 14

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): Piedmont Wayne Mo
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* Aug 1, 1954, *to* Aug 22, 1954 *that I last saw the deceased alive on* Aug 21, 1954, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Otomyn M.D.
23b. ADDRESS: Piedmont Mo
23c. DATE SIGNED: 8-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 24, 54
24c. NAME OF CEMETERY OR CREMATORY: GREENVILLE CEM.
24d. LOCATION (City, town, or county) (State): GREENVILLE, MISSOURI

DATE REC'D BY LOCAL REG.: Sept. 20, 1954
REGISTRAR'S SIGNATURE: Hazel Ward 460
25. FUNERAL DIRECTOR'S SIGNATURE: William Cooler — ADDRESS: PIEDMONT, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 22 1954
WAYNE CO. HEALTH CENTER
FILE No._____

SEP 23 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 Coder Funeral Home, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed William Cooler

Licensed Embalmer No. 3723

P. O. Address 114 E Green St
Piedmont, Missouri

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.