

FILED NOV 9 - 1954

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32940

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>ANDRAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - SALTRIVER</u> c. LENGTH OF STAY (In this place) <u>11 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u> <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEIL REST HAVEN</u>		d. STREET ADDRESS (If rural, give location) <u>E. LOCUST ST.</u>	
3. NAME OF DECEASED a. (First) <u>HERBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>WOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 1, 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 30 1872</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES WOOD</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ROGERS</u>	
14. NAME OF HUSBAND OR WIFE <u>NONA Y. WOOD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RUSSELL WOOD, MEXICO MO.</u> ADDRESS _____	
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 <u>6 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>			Interval
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
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 <u>492X</u>	
20. AUTOPSY 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) _____		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 <u>Oct 29, 1954</u> , to <u>Oct 31, 1954</u> , that I last saw the deceased alive on <u>NOV 1, 1954</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold D. Linsford M.D.</u> (Degree or title)		23b. ADDRESS <u>Union Mo</u>	
23c. DATE SIGNED <u>Nov 2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 3, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 2, 1954</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Blanche Keely</u> ADDRESS <u>PARIS, MISSOURI</u>	

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

**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 E. H. Digney

Licensed Embalmer No. 4000

PARIS, MISSOURI

P. O. Address \_\_\_\_\_

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.