

No. 300
10.48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. GOOD 33655
State File No. 943

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 943

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 7 DAYS	c. CITY OR TOWN LEBANON
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL		e. STREET ADDRESS (If rural, give location) 474 TAYLOR ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle)	c. (Last) WOOD	4. DATE OF DEATH (Month) (Day) (Year) OCT. 11 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 18 1888	9. AGE (In years, last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and State or Foreign Country) LACLEDE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W.H. WOOD	13b. MOTHER'S MAIDEN NAME DELIA A. BENCH	14. NAME OF HUSBAND OR WIFE CORA E. WOOD
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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. 500-09-5188	17. INFORMANT'S SIGNATURE OR NAME CORA E. WOOD	ADDRESS LEBANON, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gastric Hemorrhage due to Unknown Cause</i>		
	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. <i>7845</i>			

19a. DATE OF OPERATION 10-8-54	19b. MAJOR FINDINGS OF OPERATION <i>Gastric Hemorrhage, Cause undetermined</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Dec 1953* to *Oct 11, 1954*, that I last saw the deceased alive on *Oct 11, 1954*, and that death occurred at *5 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>James T. Good MD</i>	(Degree or title)	23b. ADDRESS <i>Springfield, Mo</i>	23c. DATE SIGNED <i>10-12-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE <i>10/14/54</i>	24c. NAME OF CEMETERY OR CREMATOR LEBANON CEMETERY	24d. LOCATION (City, town, or county) (State) LEBANON, MISSOURI
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DATE REC'D BY LOCAL REG. <i>10-14-54</i>	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.H. Johnson</i>	ADDRESS SPRINGFIELD, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *H. L. McLean*

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.