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

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1580

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakland 0530 0
d. STREET ADDRESS (If rural, give location): 15 Miles N.E. of Lebanon, Mo.

3. NAME OF DECEASED (Type or Print) a. (First): Mary b. (Middle): Effie c. (Last): Wood
4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1955
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April, 19, 1872
9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laclede County Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joseph Jolley
13b. MOTHER'S MAIDEN NAME: Eliza Bolles
14. NAME OF HUSBAND OR WIFE: A. L. Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. A. J. Schneider, Oakland, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Aretriosclerot ic Heart Disease — Several Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Gall Bladder Path.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None. 4300
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)
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* 6-2-54, 1954, *to* 2-1-, 1955, *that I last saw the deceased alive on* 2-1-, 19__, *and that death occurred at* 4:07A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] M.D.
23b. ADDRESS: Lebanon, Missouri
23c. DATE SIGNED: 2-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-4-55
24c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon, Mo.

DATE REC'D BY LOCAL REG.: 2-4-1955
REGISTRAR'S SIGNATURE: Nella L. May 424 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: S.R. Palmer Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1955

Received 2-12-55
Laclede County Health Uni
File No. 16
Date Filed 2-12-55

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed S. R. Palmer

Signed _____
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.