

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1834**

FILED JAN 17 1955

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **2201** Registrar's No. **69**

700

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

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Danville Twn</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Danville Twn</b>	
c. LENGTH OF STAY (in this place) <b>40 yr</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Near New Florence Mo</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nial</b> b. (Middle) <b>Leon</b> c. (Last) <b>Wood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 9 th 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 25 th 1890</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Michael Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Lutta Glass</b>		14. NAME OF HUSBAND OR WIFE <b>Rubie Wood</b>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>487-22-1657</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Rubie Wood New Florence Mo</b>	
---	--	--	--	---	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Disseminated Tuberculosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Pulmonary Tuberculosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Sev. months approximately 2 yrs.</b>	
---	--	--	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 **March 23, 1953**, to **January 9, 1955**, that I last saw the deceased alive on **January 9, 1955**, and that death occurred at **5:00 PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. J. Thompson MD</b> (Degree or title)		23b. ADDRESS <b>New Florence Mo</b>		23c. DATE SIGNED <b>Jan 13, 1955</b>	
---	--	-------------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>I-II-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant</b>		24d. LOCATION (City, town, or county) (State) <b>High Hill Mo</b>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <b>1-14-55</b>		REGISTRAR'S SIGNATURE <b>Joseph M. D. 207</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Montgomery City MO</b>	
---	--	---	--	--	--

**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, W. V. Hopkins on the 10th day of Jan 1955

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W. V. Hopkins  
C. V. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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.