

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

State File No. **11218**

FILED MAY 9 1955

No. 300  
10.48

15-0

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

BIRTH NO. _____		REG. DIST. NO. <b>50</b>		PRIMARY REG. DIST. NO. <b>4071</b>		Registrar's No. <b>14</b>	
1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>			
b. CITY (If outside corporate limits, write BURIAL and give township) <b>Camdenton</b>		c. LENGTH OF STAY (in this place) <b>5 yrs</b>		c. CITY (If outside corporate limits, write BURIAL and give township) <b>Camdenton</b>		d. STREET ADDRESS (If rural, give location) <b>Own Home</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b> b. (Middle) <b>Wood</b> c. (Last) <b>Spears</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1955</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Wht</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan 24 - 1886</b>	
9. AGE (In years) (Months) (Days) <b>69</b>		10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Fume Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HR Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Wheeler</b>		14. NAME OF HUSBAND OR WIFE <b>AC Spears</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state branch) <b>no</b>		16. SOCIAL SECURITY NO. (If you, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Katherine Perry, Richland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>overwhelming Toxemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>psieogenic metastatic Carcinomatosis.</b> DUE TO (c) <b>primary site unknown</b>  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				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) (m.)	
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 <b>Jan 3 1955</b> , to <b>April 26 1955</b> , that I last saw the deceased alive on <b>April 26 1956</b> , and that death occurred at <b>6:15 P.M.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>K Dale Atterbury</b>				23b. ADDRESS <b>007 Camdenton Mo</b>		23c. DATE SIGNED <b>5-3-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 29 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roach</b>		24d. LOCATION (City, town, or county) (State) <b>Camden Co. MO</b>	
DATE REC'D BY LOCAL REG. <b>May 5 1955</b>		REGISTRAR'S SIGNATURE <b>Zilpha Inaw 42-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bankson-Woolery Camdenton 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, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Abbe Benjamin Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camden N.J.*

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.