

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15783

State File No. ....

FILED JUN 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (In this place) <b>1 hr</b>	c. CITY OR TOWN <b>Webb City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>101½ West 3rd St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Maude</b>	b. (Middle) <b>Ethel</b>	c. (Last) <b>Wood</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 10, 1889</b>	9. AGE (In years last birthday) <b>65</b>	10. MONTH <b>10</b>	11. DAY <b>11</b>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee of Smith Shirt Factory</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Minn. /</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wasson</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-09-1446</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Wm. Johnson 507 S. Ball St. Webb City, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Hemorrhage</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Highway 96 &amp; D</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rt. 1 Oronogo, Jasper, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 29, 55 6:30 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto crash at Highway 96 &amp; D, North of Webb City</b>
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22. I hereby certify that I attended the deceased from June 1, 1955, to 5-29, 1955, that I last saw the deceased alive on 5-29, 1955, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Miss Helen M.D.</b>	23b. ADDRESS <b>1923 Sergeant, Joplin, Mo.</b>	23c. DATE SIGNED <b>5-31-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-2-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-6-55</b>	REGISTRAR'S SIGNATURE <b>James Johnston</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Johnston-Arnce-Simpson, Webb City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

EX-111  
JUN 20 1955

JUN 21 1955

OVER FILE

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 *Jack C. Simpson*  
Licensed Embalmer No. *464*  
P. O. Address *Webb City*

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.