

FILED AUG 2-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21366

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>4 mo.</u>	c. CITY OR TOWN <u>Bowling Green</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0821</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) _____ c. (Last) <u>Wood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1955</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 12 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>A. G. Kaufer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hendriks</u>		14. NAME OF HUSBAND OR WIFE <u>J. Will Wood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records, Fulton, Mo.</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperpyrexia of unknown etiology</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Fracture Hip</u>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>9037</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>44</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>J. Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office, public place, etc.) <u>Hospital ward</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Callaway Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 1955 3 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor</u>

22. I hereby certify that I attended the deceased from July 14, 1955, to July 31, 1955, that I last saw the deceased alive on July 31, 1955 and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>State Hospital, Fulton Mo.</u>	23c. DATE SIGNED <u>7/31/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	24b. DATE <u>7-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Bowling Green, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo.</u>		

DATE REC'D BY LOCAL REG. <u>July 31-1955</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grace Bankhead Bowling Green Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 29 1958

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..... *Garold C. King*

Licensed Embalmer No. *45*

P. O. Address *Bombing*

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.