

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29071**

No. 300  
10-48

FILED OCT 8 - 1955

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>1064</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Yentley</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Joseph</b>		c. LENGTH OF STAY (in this place) <b>64-17-60</b>	c. CITY OR TOWN <b>Stanberry</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital no 2</b>		e. STREET ADDRESS (If rural, give location) <b>0387</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>SAMANTHA</b> c. (Last) <b>Wood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 1 - 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1876 - Dec 27</b>	9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri Andrew County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edmond G. Brooke</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Howell</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Thomas Wood</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Archie Brooks</b> ADDRESS <b>Stanberry Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Broncho Pneumonia</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Skeletal fracture of rft femur</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9027</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>45</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>137</b> (COUNTY) (STATE) <b>St. Joseph Buchanan Missouri</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 30 1955 9 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell out of bed in Hospital</b>		
22. I hereby certify that I attended the deceased from <b>from 1953 to Oct 1, 1953</b> , that I last saw the deceased alive on <b>Oct 1, 1953</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Josiah Thomas M.D.</b>		23b. ADDRESS <b>St Joseph, of State Hosp No 2</b>	23c. DATE SIGNED <b>10/1 - 55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 1, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HIGH RIDGE</b>	24d. LOCATION (City, town, or county) (State) <b>STANBERRY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 5, 1955</b>	REGISTRAR'S SIGNATURE <b>Ruth M. Allison</b>	485-	25. FEDERAL DIRECTOR'S SIGNATURE <b>Ross C. Johnson</b> ADDRESS <b>Stanberry, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *West* *Evan Johnson* .....

Licensed Embalmer No. *4948* .....

P. O. Address *Stanberry* .....

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.