

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34398

State File No. _____

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	c. LENGTH OF STAY (in this place) 89 days	c. CITY OR TOWN Moberly	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employes' Hospital		STREET ADDRESS (If rural, give location) 315 North Williams	

3. NAME OF DECEASED (Type or Print) Hugh	a. (First) Hugh	b. (Middle) A.	c. (Last) WOOD	4. DATE OF DEATH (Month) (Day) (Year) October 31, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1886	9. AGE (In years last birthday) Months Days Hours Min. 69 0 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company	11. BIRTHPLACE (City and State or Foreign Country) Ark.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Harry Wood	13b. MOTHER'S MAIDEN NAME Alice Felton	14. NAME OF HUSBAND OR WIFE Nell M. Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 703-01-2364	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H.A. Wood, Moberly, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		Weeks(?) ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralytic ileus from peritonitis from an Appendicial Abscess DUE TO (c) Pernicious Anemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5501			

19a. DATE OF OPERATION 9/2/55 3/15/75	19b. MAJOR FINDINGS OF OPERATION 1. Abscess, probably appendicial, and paralytic ileus 2. Closure of Fistula (from cecostomy 9/2/55).	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 **Aug. 2, 1955, to Oct. 31, 1955**, that I last saw the deceased alive on **Oct. 30, 1955** and that death occurred at **3:22A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Richard W. Anderson</i> Physician in Charge	23b. ADDRESS Wabash Employes' Hospital Moberly, Mo.	23c. DATE SIGNED 10/31/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-2-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly, Mo.		

DATE REC'D BY LOCAL REG. 11-2-55	REGISTRAR'S SIGNATURE <i>Leah Lowe</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahana and Son, Moberly, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1927

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 *Frank D. DeWitt*.....

Licensed Embalmer No *307*.....

P. O. Address *Moberly*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.