

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5691 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Jefferson)</u>	c. LENGTH OF STAY (in this place) <u>66 yrs</u>	c. CITY OR TOWN <u>Laclede</u>	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 <u>4 miles SW of Laclede</u>		e. STREET ADDRESS (If rural, give location) <u>4 miles S.W. of Laclede</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>WOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-15-74</u>
9. AGE (in years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robert Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Salina Brewer</u>	14. NAME OF HUSBAND OR WIFE <u>Helen</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 <u>Gene Wood, Laclede, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio periphigues vulgaris with multiple areas of vascular gangrene</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio sclerosis with embolism</u> DUE TO (c) <u>Encephalomalacia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Encephalomalacia</u>	
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) (Min.)	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 <u>6-14</u> , 19 <u>55</u> , to <u>1-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>56</u> and that death occurred at <u>12-2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John R. Duffin M.D.</u>	(Degree or title)	23b. ADDRESS <u>Bushfield No 1-16-56</u>	23c. DATE SIGNED <u>1-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-20-56</u>	REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Butcher, Laclede, Missouri</u>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING 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..... *M. R. Knight*

Licensed Embalmer No. *4655*

P. O. Address *Leaside, Ohio*

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.