

FILED MAR 19 1956

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>500 E. Capitol</u>	

3. NAME OF DECEASED (Type or Print) <u>Francis William Wood</u>			4. DATE OF DEATH <u>March 10, 1956</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>March 15, 1907</u>		9. AGE (In years last birthday) <u>48</u>		10. MONTH <u>11</u> DAY <u>25</u> HOUR <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wheel Lock Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>T. W. Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Altgen</u>		14. NAME OF HUSBAND OR WIFE <u>Corrine Wood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Corrine Wood</u> ADDRESS <u>Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION <u>Tuberculosis, acute, left lung, empyema, Tuberculosis, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MOS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Left Lung</u>		<u>1 MO</u>	
		DUE TO (c) <u>Pericarditis, Tuberculosis, acute</u>		<u>2 MOS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cirrhosis Liver, severe</u>		<u>15 Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 11-22-, 1956, to 3-10-, 1956, that I last saw the deceased alive on 3-10-, 1956, and that death occurred at 10a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert P. Clark, M.D.</u>		23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>3-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Brueckner</u> ADDRESS <u>Jefferson City</u>			
DATE REC'D BY LOCAL REG <u>13 Mar 1956</u>		REGISTRAR'S SIGNATURE <u>R. P. Darris, M.D., M.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Brueckner</u> ADDRESS <u>Jefferson City</u>	

(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
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.