

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10152**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. No. **5953** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Rural Buffalo York</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Bowling Green</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>082<sup>nd</sup></b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>A</b> c. (Last) <b>WOOD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 19 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 28 1877</b>	9. AGE (In years last birthday) <b>79</b>	10. MONTHS <b>0</b> DAYS <b>19</b> HOURS <b>19</b> MIN.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Pike Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>EGGSS WOOD</b>		13b. MOTHER'S MAIDEN NAME <b>Relief</b>	
14. NAME OF HUSBAND OR WIFE <b>Itekkie Wood</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>HAYDEN WOOD</b>		ADDRESS <b>Bowling Green</b>			

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) <b>Acute dilatation of Heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Endocarditis</b> DUE TO (c) <b>Myocarditis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		yes yes	
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) <b>4222</b>	
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 **1952** to **2-19**, 1956, that I last saw the deceased alive on **3-15**, 1956, and that death occurred at **2P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Matthews</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Bowling Green Mo</b>		23c. DATE SIGNED <b>3-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 22 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN</b>	
24d. LOCATION (City, town, or county) (State) <b>BOWLING GREEN MO.</b>		DATE REC'D BY LOCAL REG. <b>MAR 27 1956</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Grace Bankhead</b>		ADDRESS <b>Bowling Green Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 20 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harold C. Kink*

Licensed Embalmer No. *4*

P. O. Address *Bowling*

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