

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. James</b>	c. LENGTH OF STAY (In this place) <b>70 yrs.</b>	c. CITY OR TOWN <b>SAFE - Rural</b>	d. Is Residence within limits of a city or incorporated town? <b>No</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy 66 + 68</b>		e. STREET ADDRESS (If rural, give location) <b>0810</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Wood</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 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>Aug. 19, 1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marion Co. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Henry W. Wood</b>	13b. MOTHER'S MAIDEN NAME <b>Ronley Beckham</b>	14. NAME OF HUSBAND OR WIFE <b>Naomi Wood</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-40-9851</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Naomi Wood - Safe, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed and mangled body instant</b>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>With destruction of vital organs of body.</b>		
	DUE TO (c) <b>Automobile accident</b>		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>8165</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>26</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Hwy 66 - 68</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. James Phelps MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 21, 1956 7:20 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>Shaggy cow ran over vehicle, passed over body</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. E. Powell, coroner</b>	(Degree or title)	23b. ADDRESS <b>Road MO</b>	23c. DATE SIGNED <b>6/21/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>June 24, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MASONIC Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. James, MO.</b>
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DATE REC'D BY LOCAL REG. <b>6-24-1956</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Prof E. Lieblider - St James MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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779

RECEIVED

Phelps County Health Officer,

County File Number 455

Date Filed JUL 2 1956

JUL 6 1956

JUL 17 1956

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 me....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Orace Lee Klutz

Licensed Embalmer No. 354

P. O. Address St James

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.