

FILED JUL 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. 24702

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 194	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY RANDOLPH		b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY		c. CITY OR TOWN PARIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSP.		c. LENGTH OF STAY (in this place) 11 DAYS		STREET ADDRESS 310 WASHINGTON ST.		(If rural, give location)	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) EMMETT		b. (Middle) S.	c. (Last) WOOD		Month JULY	Day 9	Year 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 30, 1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (City and State or Foreign Country) MONROE Co., MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHAS. S. WOOD		13b. MOTHER'S MAIDEN NAME DAVIDELLA FORD		14. NAME OF HUSBAND OR WIFE NANNIE T. WOOD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RALPH WOOD, R.F.D., PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 200	
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 June 28, 1956, to July 9th 1956, that I last saw the deceased alive on July 9th 1956, and that death occurred at 6:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE M.D. Moberly, Mo.			23b. ADDRESS M.D. MOBERLY, MO.			23c. DATE SIGNED 7-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-10-56	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI		
DATE REC'D BY LOCAL REG. 7-11-56		REGISTRAR'S SIGNATURE C. Schubert		25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey		ADDRESS PARIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 18 1956

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed..... *E.H. Sgrover*

Licensed Embalmer No. 406

P. O. Address PARIS, MISSOURI

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).
embalmed by a STUDENT, he also shall sign in his OWN handwriting.
s body is not embalmed, fact should be so stated above