

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27491**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4222</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Waverly, Missouri</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Camden</u>		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: <u>Kelling Clinic</u>				e. STREET ADDRESS (If rural, give location) <u>08901</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>Miller</u>		c. (Last) <u>Wood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1896</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marceline, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Cringan</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Izett</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie Lyon Woods</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 ADDRESS <u>Leslie Lyon Woods Camden, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage with hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8/1/56 to 8/4/56</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>					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)		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>Aug. 1, 1956</u> , to <u>Aug. 4, 1956</u> , that I last saw the deceased alive on <u>Aug. 4, 1956</u> , and that death occurred at <u>9:10 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. G. Kelling MD</u>				23b. ADDRESS <u>Waverly, Missouri</u>		23c. DATE SIGNED <u>8/11/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 11 - 1956</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur E. G. Orrick</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.....  
Signature of Student Embalmer

Signed.....*Marie D. Bailey*.....

Licensed Embalmer No...*488*...

P. O. Address...*Waverly*...

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.