

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31617

State File No. ....

FILED SEP 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville CENTRAL TWP</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Perryville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Lawn Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location)	

07910

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Wood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13, 1867</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	9b. KIND OF BUSINESS OR INDUSTRY	10. AGE (In years last birthday) <u>89</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Dennis Hugon</u>	13b. MOTHER'S MAIDEN NAME <u>Lenore Chauvoex</u>	14. NAME OF HUSBAND OR WIFE <u>James E. Wood, Dec'd.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cleo Unterreiner Perryville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	DUE TO (c) <u>Fractured</u>		
	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	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?

334X

22. I hereby certify that I attended the deceased from 1949, 19  , to 9-12, 1956, that I last saw the deceased alive on 9/12, 1956, and that death occurred at            m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Dr. M. Weidman</u>	23b. ADDRESS <u>Perryville Mo.</u>	23c. DATE SIGNED <u>9/14-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 14, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>9-14-56</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Perryville Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250

**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 *Wallace Young*.....

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

**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.