THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 41911

FILED DEC 31 1956

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 564

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes X No ☐	c. CITY OR TOWN JOPLIN — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA FREEMAN HOSP. — Length of stay in 1b 3 WKS	d. STREET ADDRESS (If outside, give location) 1919 PENNSYLVANIA — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH (Month, Day, Year)
	ROBERT	IVAN	WOOD	DEC. 18, 1956

5. SEX	6. COLOR OR RACE	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months, Days	IF UNDER 24 HRS.: Hours, Min.
M	W		FEB. 20, 1889	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
DRUGGIST	DRUG STORE	RED OAK, MO.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SOLOMON PERRY WOOD	FLORA BELLE BRICKEY

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.	17. INFORMANT	Address
UNK			MRS. MARY CLUBB	1919 PENN. AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion Fatal unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Died Sudd attend to and last saw her/him alive on

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wardenier MD Corner Jopl Court Dunkel Bldg.

22b. ADDRESS

22c. DATE SIGNED 12-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 12-21-56

23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK

23d. LOCATION (City, town, or county) JOPLIN, MO. (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY ADDRESS JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 12-22-56

26. REGISTRAR'S SIGNATURE Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in filling out the symptoms and diseases in Part I; must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No 2.5.

P. O. Address Joplin

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