

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1680

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 3

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, write RURAL and give town) Carthage		c. LENGTH OF STAY (In this place) 35 yrs	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION 1321 S. Main St.		STREET ADDRESS (If rural, give location) 1321 S. Main St. 04930	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) WILLIAM c. (Last) WOOD			4. DATE OF DEATH (Month) (Day) (Year) Jan 6, 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married	8. DATE OF BIRTH March 15, 1886
9. AGE (In years last birthday) 70		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) retired clerk Kansas City Police Dept		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas K. Wood	
13b. MOTHER'S MAIDEN NAME Barbara E. Miller		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-12-9676	17. INFORMANT'S SIGNATURE OR NAME Virginia Irwin, 1321 Main, Carthage, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4200
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 Sept. 23, 1954, to Jan. 6, 1957, that I last saw the deceased alive on Jan. 6, 1957, and that death occurred at 1:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Richard R. Coyle (Degree or title) M. D.		23b. ADDRESS 116 W. 3rd, Carthage, Mo	23c. DATE SIGNED 1-7-57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 8, 1957	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery
24d. LOCATION (City, town, or county) Carthage, Missouri		24e. (State)	
DATE REC'D BY LOCAL REG. 1-7-57		REGISTRAR'S SIGNATURE W. H. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

300
4837
0

County File Number
Date Filed JAN 18 1957

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 *Robert H. Knell*

Licensed Embalmer No. 445

P. O. Address *Carthage*

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.