

FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7517

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Barry County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett 00510	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's		Length of stay in lb mo. 22 days	
3. NAME OF DECEASED (Type or print) First Middle Last Ida Wood		4. DATE OF DEATH Month Day Year March 31, 1957	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Brown County Ohio		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Jacob Trautewine		14. MOTHER'S MAIDEN NAME Irene (not known)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Edna Nagy, Bx 2084 Livonia Mich.		Address	
18. CAUSE OF DEATH: [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis of abdomen (primary not known) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 9 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 1991			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-19-56 to 3-31-57 and last saw her alive on 3-31-57 Death occurred at 6:35 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. K. Edwards M.D.		22b. ADDRESS Monett, Mo.	
22c. DATE SIGNED 4-1-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	23d. LOCATION (City, town, or county) (State) Marionville, Mo.
24. FUNERAL DIRECTOR: J. B. ... Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 4-6-57	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 457-58

DATE REC. 4-8-57

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 William A. Fulk

Licensed Embalmer No. 46

P. O. Address Marion

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