

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8126

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY DENT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DENT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SALEM		c. LENGTH OF STAY (in this place) 3 YEARS		c. CITY OR TOWN SALEM 03310		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 HIGHWAY 19 SOUTH				e. STREET ADDRESS (If rural, give location) HIGHWAY 19 SOUTH			
3. NAME OF DECEASED (Type or Print) a. (First) CRAIG			b. (Middle) GILBERT		c. (Last) WOOD		4. DATE OF DEATH (Month) (Day) (Year) MARCH 9, 1957
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH AUGUST 3, 1901		9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK-KEEPER		10b. KIND OF BUSINESS OR INDUSTRY TRUCK TRANSPORTATION		11. BIRTHPLACE (City and State or Foreign Country) DENT COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LESLIE WOOD		13b. MOTHER'S MAIDEN NAME MAGGIE LANHAM		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES UNKNOWN		16. SOCIAL SECURITY NO. 495-36-4931	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMERSON WOOD STONE HILL, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS - SEVERE 30 yrs.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4 201						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) m.		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 JUNE, 1956, to MARCH 8, 1957, that I last saw the deceased alive on 3/8, 1957, and that death occurred at 5 A. M., from the causes and on the date stated above.							
23a. SIGNATURE B. J. Bass, M.D. (Degree or title)				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 3/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 11, 1957	24c. NAME OF CEMETERY OR CREMATORY CEDAR GROVE CEMETERY		24d. LOCATION (City, town, or county) SALEM		24e. (State) MISSOURI	
DATE REC'D BY LOCAL REG. 3/12/57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max E. Warfel Salem, Mo.			

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

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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 embalmed

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Max P. Waigel*

Licensed Embalmer No. *4170*

P. O. Address *Salem, N.H.*

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.