

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8148

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY OR TOWN Kennett		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Senath 03500		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 Presnell Hospital				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) TINKER		a. (First) A.		b. (Middle) WOOD		c. (Last) WOOD	
4. DATE OF DEATH (Month) (Day) (Year) 3-10-57		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 10/15/1880		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant		11. BIRTHPLACE (City and State or Foreign Country) Tenn	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant		10b. KIND OF BUSINESS OR INDUSTRY Gro. store		11. BIRTHPLACE (City and State or Foreign Country) Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JESS WOOD		13b. MOTHER'S MAIDEN NAME CARLINE MANESS		14. NAME OF HUSBAND OR WIFE SUDIE WOOD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME JESSIE SMITH		ADDRESS SENATH, 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 Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic C.V.D. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Immediate Undetermined	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 1-1, 1957, to 3-10, 1957, that I last saw the deceased alive on 3-10, 1957, and that death occurred at 5:55 P. m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) James F. Fugate, M.D.				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 3/20/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/12/1957		24c. NAME OF CEMETERY OR CREMATORY Cornith Cemetery		24d. LOCATION (City, town, or county) (State) Darden Tenn	
DATE REC'D BY LOCAL REG. 3-23-57		REGISTRAR'S SIGNATURE Carl H. Hushard		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv.		ADDRESS Senath, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

90-0

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 3-28-

COUNTY FILE NUMBER 352

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 *E. A. Lamm*.....
Licensed Embalmer No. *H. 516*

P. O. Address *Senath*.....

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.