

See Birth cert. #391

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19926**

BIRTH NO. 37194-57 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>Kirksville</b>
d. FULL NAME OF HOSPITAL OR <del>RESIDENTIAL</del> <b>Grim-Smith Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1000 E. Patterson</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kay</b> b. (Middle) <b>Sue</b> c. (Last) <b>Wood</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 26 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED</del> <b>Infant</b>	8. DATE OF BIRTH <b>June 25 1957</b>
9. AGE (In years last birthday) <b>14</b>		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>15</b>	11. IF UNDER 2 HRS. Hours <b>14</b> Min. <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kirksville, Adair, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>William Pearl Wood</b>	
13b. MOTHER'S MAIDEN NAME <b>Lucille Crawford</b>		14. NAME OF HUSBAND OR WIFE <b>Infant</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Wood</b>		ADDRESS <b>1000 E. Patterson, Kirksville, Mo.</b>	
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) <b>Atelactasis congenital (Bilateral) Newborn</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Newborn</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7620</b>	
20. AUTOPSY? <b>2</b> 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/25</u> , 1957, to <u>6/26</u> , 1957, that I last saw the deceased alive on <u>6/26</u> , 1957, and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>0</b>		23b. ADDRESS <b>Kirksville, Mo.</b>	
23c. DATE SIGNED <b>6/26/57</b>			
24a. BURIAL (If cremation, remove crematorium number) <b>Burial</b>		24b. DATE <b>June 27, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORIUM <b>Highland Park</b>		24d. LOCATION (City, town, or county) (State) <b>Kirksville, Adair, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-27-57</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>Kirksville, Mo.</b>	

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

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 *Rova E Loster* .....

Licensed Embalmer No. 4742 .....

P. O. Address Kirksville, M .....

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.