

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43368

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3002 Registrar's No. 446

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY OR TOWN <u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>West of Elmer</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Wood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 17 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Charley A. Bergman</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Hunsaker</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Wood</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Walter A. Wood</u>	ADDRESS <u>Elmer Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ventricular Tachycardia</u> <u>Posterior Myocardial Infarction</u> DUE TO (c) <u>Involving Interventricular Septum</u>		<u>12 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			<u>9 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) <u>4201</u>
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 Dec. 16, 1957, to Dec 22, 1957, that I last saw the deceased alive on Dec 22, 1957, and that death occurred at 4:04 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Claire A. Rohweder D.O.</u>	23b. ADDRESS <u>Kirkville, Mo</u>	23c. DATE SIGNED <u>23 Dec. 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 24 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bell</u>	24d. LOCATION (City, town, or county) (State) <u>Macon County Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-28-1957</u>	REGISTRAR'S SIGNATURE <u>Doris W. Rathbun</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. McCollins</u>	ADDRESS <u>South Gifford Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

535

JAN 9
1958

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 *W. N. McCallister*.....

Licensed Embalmer No. 2052.....

P. O. Address.. South Gifford..

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.