

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43783  
 STATE FILE NUMBER

FILED DEC 18 1957

Registration District No. 65 Primary Registration District No. 4113 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRUNSWICK</b>		c. CITY OR TOWN <b>Triphett</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <b>8 Mo</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>A</b> Middle <b>LEON</b> Last <b>WOOD</b>			4. DATE OF DEATH Month <b>12</b> - Day <b>12</b> - Year <b>57</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 28 - 1871</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>14</b> Hours <b>14</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM work</b>		11. BIRTHPLACE (City and state or country) <b>Niantic Ill</b>	
13. FATHER'S NAME <b>J Willis Wood</b>			14. MOTHER'S MAIDEN NAME <b>MARIA Wood</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs Thelma McCullough</b> Address <b>417 Shady Drive K. C. Mo</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOSTATIC PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>AORTIC INSUFFICIENCY</b>		
DUE TO (c) <b>MITRAL STENOSIS WITH REGURGITATION</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>CHRONIC ENDOCARDITIS</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <b>2:15</b> Month <b>12</b> Day <b>11</b> Year <b>1957</b> a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>TRIPLETT, MO</b>

21. I attended the deceased from **JULY 1944** to **DEC. 12 1957** and last saw <sup>was</sup> him alive on **DEC. 11, 1957**  
 Death occurred at **2:15 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Kenneth L Roseman MD</b>	22b. ADDRESS <b>TRIPLETT, MO</b>	22c. DATE SIGNED <b>12-13-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-14-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McCullough</b>	23d. LOCATION (City, town, or county) (State) <b>Triphett MO</b>
24. FUNERAL DIRECTOR <b>J. A. Shepard</b> ADDRESS <b>Mendon Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-14-1957</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Brane</b>

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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, ~~on~~ by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. H. Peisard*.....

Licensed Embalmer No. *397*

P. O. Address *Mendon A*

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.