FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45046
STATE FILE NUMBER

Registration District No. 700 Primary Registration District No. 3041 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) SAMARITAN HOSP — Length of stay in 1b 30 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Shelby
c. CITY OR TOWN CLARENCE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Box 212 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HAZEL Middle EILEEN Last WOOD
4. DATE OF DEATH Month DEC Day 16 Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MAY 17, 1923
9. AGE (In years last birthday) 34 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY CLERK HOUSEKEEPING
11. BIRTHPLACE (City and state or country) MO SHELBY COUNTY
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME DANIEL B. PALLS
14. MOTHER'S MAIDEN NAME LAURA A HARLAND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 488-24-1727
17. INFORMANT Susan Wood Address CLARENCE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) uremia — INTERVAL BETWEEN ONSET AND DEATH 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma right breast with
DUE TO (c) carcinomatosis — 7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-15-56, to 12-16-57 and last saw her alive on 12-16-57
Death occurred at 9:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alan R Hull (Degree or title) D.O.
22b. ADDRESS Clarence, Mo
22c. DATE SIGNED 12-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-18-57
23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY
23d. LOCATION (City, town, or county) CLARENCE (State) MO
24. FUNERAL DIRECTOR Chas V. Gooding ADDRESS Clarence Mo
25. DATE RECD. BY LOCAL REG. 12/24/57
26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 25 1958

JAN 8 1958

County

Date Filed 12/31/57

EPARTME

12.57.207

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Greenin

Licensed Embalmer No. 46

P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.