

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006822
STATE FILE NUMBER

FILED FEB 21 1958

Registration District No. 299 Primary Registration District No. 3052 Registrar's No. 89

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>RANDOLPH</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		a. STATE <u>MO</u>		b. COUNTY <u>MONROE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSPI</u>		Length of stay in 1b <u>12 HRS</u>		c. CITY OR TOWN <u>DUNCANS BRIDGE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>GROVER</u>		Middle <u>M</u>		Last <u>WOOD</u>		Month Day Year <u>FEB 12 1958</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 14 1885</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>MO MONROE COUNTY</u>	
100. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u>		11. BIRTHPLACE (City and state or country) <u>MO MONROE COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13. FATHER'S NAME <u>LOUIS WOOD</u>				14. MOTHER'S MAIDEN NAME <u>PHOEBE CAPP</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MRS. ETHEL WOOD DUNCANS BRIDGE</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Decompensative Hypertensive Heart Disease</u>					<u>unknown</u>
		DUE TO (c) <u>Arteriosclerosis</u>					<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 Month, Day, Year 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		COUNTY	STATE
21. I attended the deceased from <u>2-12-58</u> to <u>2-12-58</u> and last saw her alive on <u>2-12-58</u> Death occurred at <u>10:05</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Henry S. Jolly DO</u>				22b. ADDRESS <u>203 1/2 N. Clark, Moberly, Mo.</u>		22c. DATE SIGNED <u>2-15-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2-15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PHILLIPS CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MONROE COUNTY MO</u>	
24. FUNERAL DIRECTOR <u>Charles H. Greening</u>				25. DATE RECD. BY LOCAL REG. <u>2/15/58</u>		26. REGISTRAR'S SIGNATURE <u>Paul H. Lane</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Charles V. Geom*.....

Licensed Embalmer No. *46*.....

P. O. Address *Chicopee*.....

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