

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011265

STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 111

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Black		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4			Length of stay in lb 20y, 27days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MALISSA Middle ALICE Last WOOD				4. DATE OF DEATH Mar. 5 1958 Month Day Year					
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 6 1872		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 1 Days 29 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Goodwater Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John T. Wood				14. MOTHER'S MAIDEN NAME Emily Ann Lucas					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		17. INFORMANT Address Delmar Wood, Lesterville Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis ----- 24 hours DUE TO (b) Coronary sclerosis ----- Unknown. DUE TO (c) ----- 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Psychosis with convulsive disorder (epilepsy), Clouded states with epileptic deterioration.								INTERVAL BETWEEN ONSET AND DEATH	
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 Jan. 3, 1958 to March 5, 1958 and last saw her ^{alive} on March 5, 1958 Death occurred at 8:35 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John L. Brennan M.D.				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 3-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-8-58	23c. NAME OF CEMETERY OR CREMATORY Lower Indian Creek Cemetery, Courtois Mo.			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.			25. DATE RECD. BY LOCAL REG. Mar. 5, 1958		26. REGISTRAR'S SIGNATURE Ester Rudloff				

Rudloff White (Licensed Embalmer's Statement on Reverse Side)

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 *Amel J. White*.....

Licensed Embalmer No. *3012*

P. O. Address *Orion*

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.