

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017911

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 531

3. 300
1-57
• 0

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. No symptoms will be listed. No symptoms will be listed.

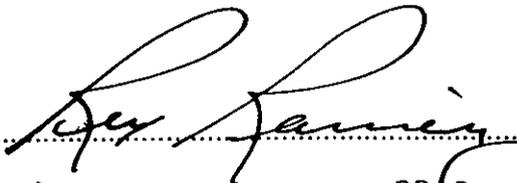
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> (Mission) <input checked="" type="checkbox"/> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Marshfield</u> <u>1120</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hosp.</u> | | Length of stay in 1b <u>1 day</u> | d. STREET ADDRESS (If outside, give location) <u>R. F. D.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Sharon</u> Middle <u>Kay</u> Last <u>Wood</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>22</u> , Year <u>1958</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov. 30, 1956</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 9. AGE (In years last birthday) <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) <u>Webster Co. Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Donald Wood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sue Lucas</u> | 14. NAME OF HUSBAND OR WIFE ----- |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Donald Wood, Marshfield, Missouri</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>Bronchiolitis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 d.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | <u>491X</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"/> |
| 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 _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT <input type="checkbox"/> 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>5-22-58</u> to <u>5-22-58</u> and last saw ^{her} _{him} alive on <u>5-22-58</u> Death occurred at <u>8:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Arthur S. Benick M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Springfield Mo</u> | 22c. DATE SIGNED <u>5-23-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>5-25-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Bluff Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>4 mi East of Fair Grove Mo</u> |
| 24. FUNERAL DIRECTOR <u>Famoy</u> | | ADDRESS <u>Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>5-23-58</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u> | |

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 

Licensed Embalmer No. 3312

P. O. Address Springfield, Mo.

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.