Health, Welfare Public Service

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1-57

FILED JUN 30 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021522
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 644

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. St Johns — Length of stay in Ib: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield 0396 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 944 E. Walnut — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LIDA Middle: (WOOD) Last: BOOTH

4. DATE OF DEATH Month: June Day: 19 Year: 1958

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept 26, 1872

9. AGE (In years last birthday): 85 — 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:** Own Home

11. BIRTHPLACE (City and state or country): Springfield, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: John M. Wood **13b. MOTHER'S MAIDEN NAME:** Sara Shackelford **14. NAME OF HUSBAND OR WIFE:** ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown **17. INFORMANT** Address: Benjamin T. Wood, Springfield, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Arterio-sclerosis
DUE TO (c): 331 X
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 [ ] NO [ ]

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 1-1-58, to 6-19-58 and last saw her alive on 2-5-58
Death occurred at 7:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Weeen M.D. **22b. ADDRESS:** Springfield, Mo. **22c. DATE SIGNED:** 6-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** June 21, 1958 **23c. NAME OF CEMETERY OR CREMATORY:** Maple Park Cemetery **23d. LOCATION** (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Jewell E. Windle **ADDRESS:** B.W. Springfield, Mo. **25. DATE RECD. BY LOCAL REG.:** 6-25-58 **26. REGISTRAR'S SIGNATURE:** Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Bernard F. Wrig

Licensed Embalmer No. 42 93

P. O. Address Springfi

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.