. Health,
& Welfare
. Public
h Service

S. 300
. 1-56

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034855
STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8860

1. PLACE OF DEATH a. COUNTY ----------	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ------
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home 3682 Olive — Length of stay in lb 35 Yrs. 01	d. STREET ADDRESS (If outside, give location) 3682 Olive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JESSE Middle Last WOOD		4. DATE OF DEATH Month Day Year Sept. 11, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒	8. DATE OF BIRTH Oct. 2, 1886
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Worker	10b. KIND OF BUSINESS OR INDUSTRY Machine Shop	11. BIRTHPLACE (City and state or country) Irondale, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J.K.P. Wood		14. MOTHER'S MAIDEN NAME Melinda Campbell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 497-01-1140	17. INFORMANT Joel Wood Address 9233 Senca Lane Overland 14, Missouri	

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) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Sclerosis

DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH

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 ☒ 2

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 ____, to ____ and last saw her/him alive on ____
Death occurred at 855P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner 3	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9.12.58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-12-58	23c. NAME OF CEMETERY OR CREMATORY Big River
23d. LOCATION (City, town, or county) (State) Irondale, Missouri		
24. FUNERAL DIRECTOR Shipman & Sons ADDRESS Bismarck, Missouri	25. DATE RECD. BY LOCAL REG. SEP 15 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John N. Skipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, M

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.