

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042908

STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2937

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-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jamestown Road</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>4000 Jamestown Rd. a</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. # 1 Box 367</b>		Length of stay in 1b <b>YRS</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. # 1 Box 367</b>
3. NAME OF DECEASED (Type or print) First <b>Al</b> Middle <b>Wood</b> Last <b>Wood</b>			4. DATE OF DEATH Month <b>November</b> Day <b>12</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 6, 1875</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grader Operator</b>	11. BIRTHPLACE (City and state or country) <b>Greencastle, Missouri.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Road Construction</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas B. Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Ann Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service) <b>No. Nil.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Cletus Wood, Jamestown, Road.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b> DUE TO (b) <b>Peripheral Vascular Collapse</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Cerebral Vascular Accident 3 weeks prior to death</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
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.) <b>33 IX</b>	
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 <b>Jan 1958</b> to <b>Nov 12, 1958</b> and last saw her alive on <b>Nov 12, 1958</b> Death occurred at <b>11:45 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Al Giesler, D.O. 2</b>		22b. ADDRESS <b>5004 No Bluff</b>	
22c. DATE SIGNED <b>11/12/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-12-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New Salem, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>		25. DATE RECD. BY LOCAL REG. <b>11-13-58</b>	
ADDRESS <b>4700 Washinton, Blvd.</b>		26. REGISTRAR'S SIGNATURE <b>Herbert P. Donke M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Robert M. Murray  
Licensed Embalmer No. 3749  
P. O. Address St. Louis, 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.