

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-844862

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 200 Primary Registration District No. 304 Registrar's No. 7

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Macon		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo		b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cairo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Browns Nurseing Home		Length of stay in 1b 10 mo		d. STREET ADDRESS (If outside, give location) 0890	
3. NAME OF DECEASED (Type or print) First Middle Last Maggie A Wood			4. DATE OF DEATH Month Day Year Dec 27 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 6th 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days 4 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (City and state or country) Shelby Co Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George Ridgway		13b. MOTHER'S MAIDEN NAME Anna Larrick	
14. NAME OF HUSBAND OR WIFE Deceased		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.	
17. INFORMANT Robena Harris		Address Cairo 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) Acute Myocardial Failure					INTERVAL BETWEEN ONSET AND DEATH Few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis with Angina					Sev mos.
DUE TO (c) H2OY					
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <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 Mar 17 1958 to Dec 27 1958 and last saw her alive on Dec 26 1958 Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Howard Stueckel MD</i>		22b. ADDRESS Macon Mo.		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/30/58		23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	
23d. LOCATION (City, town, or county) Randolph Co		(State) Mo			
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina Mo		25. DATE RECD. BY LOCAL REG. 1/10/59	
26. REGISTRAR'S SIGNATURE <i>Keith McNeely</i>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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Date Filed 1-12-59

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 *Henry A. Barklee*

Licensed Embalmer No. *3835-*
P. O. Address *Helena - 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.