Health, Welfare Public Service

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 casualty 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

58-044982
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 63

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1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: RURAL = JACKSON TWP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PLEASANT VIEW REST HOME Length of stay in 1b: 6 Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MONROE
c. CITY OR TOWN: PARIS 0690 0 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): FAIRVIEW HEIGHTS Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NANNE Middle MILDRED Last WOOD
4. DATE OF DEATH: Month DEC. Day 19 Year 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: OCT. 21, 1886
9. AGE (In years last birthday): 72
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): PARIS, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: THOS. TRUSSELL
14. MOTHER'S MAIDEN NAME: JOSEPHINE GAMBLE
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.: 498-40-1561
17. INFORMANT: MRS. ROBT. WHITE Address: PARIS, 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): Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: N.K.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemiplegia, right side — one year
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443x
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 2-4-1950 to DEC. 19, 1958 and last saw her alive on 12-19-58
Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. A. Barnett (Degree or title) M.D.
22b. ADDRESS: PARIS, MO.
22c. DATE SIGNED: 12-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 21, 1958
23c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
23d. LOCATION (City, town, or county) (State): PARIS, MO.

24. FUNERAL DIRECTOR: SPEED & BLAKEY ADDRESS: PARIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: 12-20-58
26. REGISTRAR'S SIGNATURE: J. A. Barnett M.D.

(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.....E. H. Agnew.....

Licensed Embalmer No. 400

P. O. Address PARIS, MISSOUR

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.