

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004643

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 254

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Fulton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 1 1/2 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last John Crockett Wood			4. DATE OF DEATH Month Day Year March 3, 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1878	9. AGE (In years last birthday) 80	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor	10b. KIND OF BUSINESS OR INDUSTRY U.S. Government	11. BIRTHPLACE (City and state or country) Wythe Co., Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Raper Wood	13b. MOTHER'S MAIDEN NAME Josephine Preston Crockett	14. NAME OF HUSBAND OR WIFE Elsie Rushworth Wood
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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. 500-34-3548	17. INFORMANT Mrs. Paul C. Clark, St. Joseph, Missouri
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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 Neuron damage		INTERVAL BETWEEN ONSET AND DEATH 4 days 5 yrs 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		
DUE TO (c) Hypertension Prostate		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 11-21-57 to 3-3-59 and last saw him alive on 3-3-59 Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Ronald Royce [Signature]	22b. ADDRESS Surrenden, Mo.	22c. DATE SIGNED 3-6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Maupin Funeral Home	23d. LOCATION (City, town, or county) Fulton, Missouri
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24. FUNERAL DIRECTOR Munckhoff-Hageman Inc. by [Signature]	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Mar 11, 1959	26. REGISTRAR'S SIGNATURE Mr. Clark Marshall
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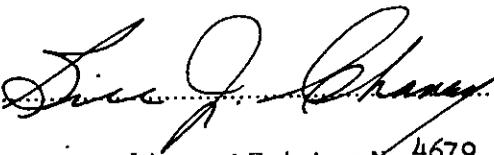
Dr. Forrest C. Long
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

300
-57

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 
Licensed Embalmer No. 4679
P. O. Address St. Joseph, 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.