

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008248
STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 315 Primary Registration District No. 6281 Registrar's No. 9

300
1-57

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VAN BUREN</u>		c. CITY OR TOWN <u>1140</u> <u>13 MI E HARTVILLE</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>13 MI E. HARTVILLE</u>		d. STREET ADDRESS (If outside, give location) <u>RYRAH</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MINNIE MARILYN WOOD</u>		4. DATE OF DEATH Month Day Year <u>2-17-59</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1931</u>
9. AGE (In years last birthday) <u>27</u>		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>9 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE INDEPENDENCE MO</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN W FRANCIS</u>		13b. MOTHER'S MAIDEN NAME <u>CATHRINE TOMLINSON</u>	
14. NAME OF HUSBAND OR WIFE <u>LEO D. WOOD</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>JOHN HOPKINS HARTVILLE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed by falling tree,</u> DUE TO (b) <u>Probably internal bleeding,</u> DUE TO (c) <u>9101</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3</u>	
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 checked="" 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.) <u>Cutting timber & tree fell on her.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>1:00 p.m. 2-17-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>on farm</u>		20f. CITY, TOWN, OR LOCATION <u>Van Buren Wright Mo.</u>	
21. I attended the deceased from <u>7:00 p.m. 2-17-59</u> to <u>2:00 p.m. 2-18-59</u> and last saw her alive on <u>2-17-59</u> Death occurred at <u>2:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Paul Noble Carow</u> (Degree or title)	
22b. ADDRESS <u>Van Buren, Mo</u>		22c. DATE SIGNED <u>2-17-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2/22/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES, MO</u>		23d. LOCATION (City, town, or county) (State) <u>Versailles MO</u>	
24. FUNERAL DIRECTOR <u>Warren Champion</u>		25. DATE RECD. BY LOCAL REG. <u>2-23-59</u>	
26. REGISTRAR'S SIGNATURE <u>Bonnie J. Jones</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

RECEIVED 2/23/57

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 *W. W. Barber*

Licensed Embalmer No. *3848*

P. O. Address *11th Lane, N.*

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.