

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022472

STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 291

Primary Registration District No.

Registrar's No. 39

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

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

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural-Union Tmp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) Unionville, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mabel Maude Wood			4. DATE OF DEATH Month Day Year June 16, 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25-1888	9. AGE (In years last birthday) 70	FUNDER 1 YEAR Monthly Days Hours Min. 10 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Rooks Co. Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jerone T Stroud		13b. MOTHER'S MAIDEN NAME Lucenda McCough		14. NAME OF HUSBAND OR WIFE Myron Wood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Robert Wood-Unionville, 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) DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 10 days
<p><i>Isopropanol due to gangrenous</i> <i>with added</i> <i>Chronic Cholelithiasis years</i></p> <p><i>Diabetes Mellitus</i></p>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 June 6-59 to June 16-59 and last saw her alive on June 16-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas L. Judd		22b. ADDRESS Unionville Mo		22c. DATE SIGNED 6-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 6-19-59	23c. NAME OF CEMETERY OR CREMATORY Livingston Cem.		23d. LOCATION (City, town, or county) (State) Appanoose Co. Iowa.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 6-19-59		26. REGISTRAR'S SIGNATURE Marcell Durbin	

3091 8 1977

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 *Muel Husted* .....

Licensed Embalmer No. *3387* .....

P. O. Address *Ammon, Utah* .....

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.