

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041335

STATE FILE NUMBER

FILED VS. NOV 17 1959

Registration District No. 291

Primary Registration District No.

Registrar's No. 66

ISSUED

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 Rural-Union Tmp.		Length of stay in 1b life		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 Unionville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Unionville		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Myron Hawley Wood				4. DATE OF DEATH Month Day Year Nov. 7, 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-8-83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and state or country) Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Charles C. Wood			13b. MOTHER'S MAIDEN NAME Josephine Stevens			14. NAME OF HUSBAND OR WIFE Mabel Wood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 494-40-9861		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) <i>Coronary occlusion & arteriosclerosis & hypertension</i> DUE TO (b) <i>arteriosclerosis & hypertension</i> DUE TO (c) <i>years</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senility</i>							INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
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 WORK <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 <i>June 2 59</i> to <i>Nov 7 59</i> and last saw him alive on <i>Nov 6 59</i> Death occurred at <i>6 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Chas L Judd</i> (Degree or title)				22b. ADDRESS <i>Unionville Mo</i>		22c. DATE SIGNED <i>Nov 7 59</i>		
23a. BURIAL, CREATION, REMOVAL (Specify) B	23b. DATE <i>11-10-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Livingston Cem.</i>		23d. LOCATION (City, town, or county) <i>Wayne County Iowa</i>		23e. STATE <i>Iowa</i>		
24. FUNERAL DIRECTOR <i>F.O. Husted & Son-Unionville, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>11-9-59</i>		26. REGISTRAR'S SIGNATURE <i>Marionne J. ...</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1959

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 E. Husted

Licensed Embalmer No. 330

P. O. Address Amosville

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.