

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 6 2 0

STATE FILE NUMBER

FILED VS. JAN 6 1960 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 3

ENDED

1. PLACE OF DEATH a. COUNTY <u>CASS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARRISONVILLE</u>		Length of stay in 1b <u>7 DAYS</u>		c. CITY OR TOWN <u>HARRISONVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RT 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EDITH</u> Middle <u>MAE</u> Last <u>WOOD</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>27</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</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>3-23-1924</u>	9. AGE (last birthday) <u>35</u>	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) <u>Home-maker</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>ADRIAN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES Wm. CATHCART</u>			13b. MOTHER'S MAIDEN NAME <u>MATTIE LAWSON</u>			14. NAME OF HUSBAND OR WIFE <u>Elmer Wood Jr.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Elmer Wood Jr. HARRISONVILLE, MO.</u>			Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)			<u>CHRONIC PYELONEPHRITIS &</u>				<u>3 YRS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			<u>MULTIPLE DECUBITUS ULCERATIONS</u>			<u>3 YRS</u>		
DUE TO (c)			<u>TRAUMATIC PARAPLEGIA</u>				<u>3 YRS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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>CAR WRECK</u>						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>DEC 1956</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION <u>CASS MISSOURI</u>		STATE <u>MISSOURI</u>		
21. I attended the deceased from <u>2-16-59</u> to <u>12-27-59</u> and last saw her/him alive on <u>12-27-59</u> Death occurred at <u>1:05 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>HARRISONVILLE MO</u>			22c. DATE SIGNED <u>12-30-59</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-29-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ORIENT CEMETERY</u>		23d. LOCATION (City, town, or county) <u>HARRISONVILLE, MO.</u>		(State)	
24. FUNERAL DIRECTOR <u>ATKINSON-DICKY HARRISONVILLE, MO.</u>				ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>12-29-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 29 1980

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 Robert W. Anderson

Licensed Embalmer No. 4902

P. O. Address Harisonville

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.