

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010368

FILED VS APR 4 1960

77

Registration District No. Primary Registration District No. 3016

Registrar's No. 111

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 111 Polk Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last VESTER GORMAN WOOD				4. DATE OF DEATH Month Day Year March 26, 1960					
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 3-16-1906	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months 0 Days 10	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Recreational Director Mo. State Prison			10b. KIND OF BUSINESS OR INDUSTRY Ozark County, Mo.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Jesse Carter Wood			13b. MOTHER'S MAIDEN NAME Mary Nora Looney			14. NAME OF HUSBAND OR WIFE Maude E. Hart Wood			
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. 431-18-7759		17. INFORMANT Address Mrs. Maude Wood 111 Polk St. J. C., 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) Coronary Occlusion DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 	Month, Day, Year 								
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 25th March 1960 to 26th March 1960 and last saw him alive on 26 March 1960 Death occurred at 10:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deduce or title) Ed L. Craig D.D.				22b. ADDRESS 303. W. McCarty Jeff City Mo			22c. DATE SIGNED 3-27-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Res. & Bur.		23b. DATE Mar. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Gainesville Cemetery		23d. LOCATION (City, town, or county) (State) Gainesville, Mo.				
24. FUNERAL DIRECTOR Victor Breacher & Co				25. DATE RECD. BY LOCAL REG. 27 March 1960		26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. Richter D.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address JCMA

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.