DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

-60-018204
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3 Registrar's No. 138

MENDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.F.D. #3 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. #3 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First PEARL Middle WOOD Last
4. DATE OF DEATH Month May Day 1 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-30-1882
9. AGE (last birthday) 78 — 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 Farming
11. BIRTHPLACE (City and state or country) Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME George Wood
13b. MOTHER'S MAIDEN NAME Margaret Stukey
14. NAME OF HUSBAND OR WIFE Flossie Lantz Wood

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. 486-42-0359
17. INFORMANT Address Mrs. Pearl Wood, Rt.3, Kirksville

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) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic heart disease
DUE TO (c) Mitral Insufficiency

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:15 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Hasner D.D.
22b. ADDRESS 800 W. Jefferson, Kirksville, Mo.
22c. DATE SIGNED 5/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-4-1960
23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State) Kirksville, Missouri

24. FUNERAL DIRECTOR ADDRESS Davis & Davis, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. 5-13-1960
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

V. H. CASNER, D.O.

MAY 9 1960

Y 18 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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Robert B. Davis

Signature of Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.