

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUN 15 1960

20
 19-60
 =60-020161

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 19-60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TUSCUMBIA</u>		Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>ELDON</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>Humphreys-Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 1/2 mi. S-W-ELDON</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bertha - Ermigen Wood</u>			4. DATE OF DEATH Month Day Year <u>June 10 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>28 Feb-1886-80</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state or country) <u>MIRIEN-IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Stephen-Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Ada-Whitcomb</u>		14. NAME OF HUSBAND OR WIFE <u>Robert-A-Wood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Geneva-Scott- Barnett-Mo</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>			
DUE TO (c) <u>Surgery for perforated diverticuli</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 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 <u>5-31-60</u> to <u>6-10-60</u> and last saw her <u>alive</u> on <u>6-10-60</u> Death occurred at <u>9:00</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>M. E. Humphreys</u>		22b. ADDRESS <u>D.O. Tuscomb - Mo</u>	22c. DATE SIGNED <u>11 June-60</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>12 June-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	23d. LOCATION (City, town, or county) <u>Miller-Co - Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Rags</u> ADDRESS <u>ELDON-MO</u>		25. DATE RECD. BY LOCAL REG. <u>June 11, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. W. E. Kallenbach</u>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUL 8 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 *Faith M. Faye*

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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