URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1961 042

-60-045249
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1337

ENDED

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. JOSEPH — Length of stay in 1b: 3 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STATE HOSPITAL No. 2 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LINN
c. CITY OR TOWN: LINNEUS — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RT. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: OAKLAND Middle: MILLER Last: WOOD

4. DATE OF DEATH Month Day Year: 12-16-1960

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-18-98
9. AGE (last birthday): 62
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MEADVILLE, MO.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: PHINEAS REECE
13b. MOTHER'S MAIDEN NAME: MARTHA SMITH
14. NAME OF HUSBAND OR WIFE: TROY WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: HOSPITAL RECORDS Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c): DIABETES MELLITUS
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): CHRONIC BRAIN SYNDROME ASSOCIATED WITH DISTURBANCES OF METABOLISM WITH NEUROTIC REACTION
DIFFUSIVE CELLULITIS

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

BY AFFIDAVIT OF M.B. Pettit, M.D.

21. I attended the deceased from 12-9-1960, to 12-16-1960 and last saw her/him alive on 12-16-1960
Death occurred at 9:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marion B. Pettit M.D.
22b. ADDRESS: St. Joseph State Hosp. (Hosp #2)
22c. DATE SIGNED: 12-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 12-17-60
23c. NAME OF CEMETERY OR CREMATORY: BOTTS CEMETERY
23d. LOCATION (City, town, or county) (State): MEADVILLE, MISSOURI

24. FUNERAL DIRECTOR: WRIGHT, ADDRESS: LINNEUS, MISSOURI
25. DATE RECD. BY LOCAL REG.: Dec. 29, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

VS JAN 3 1961

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4655

P. O. Address Meadville,

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