

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009803

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 133

STATE FILE NUMBER

AMENDED

FILED APR 14 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Marion</u>	a. STATE <u>Missouri</u> COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>	Length of stay in 1b <u>5 hours</u>	c. CITY OR TOWN <u>Palmyra</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>Levering Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD # 1</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Arley</u>	Middle <u>Wesley</u>	Last <u>Wood</u>	Month <u>March</u>	Day <u>30</u>	Year <u>1961</u>
5. SEX <u>Male</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>6/29/1911</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Fort Madison, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>John E. Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Marsh</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Davis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>W.W. 2</u>	17. INFORMANT Address <u>Mrs. Hazel D. Wood, Rt. 1, Palmyra, Mo</u>

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>Acute Myocardial Infarction</u>		
DUE TO (b) <u>arteriosclerotic heart disease</u>		
DUE TO (c)		
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"/> N. <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 <u> </u> a.m. <u> </u> 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 29 March 1961 to 30 March 1961 and last saw her alive on 29 March 1961
- Death occurred at 2:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wynne Hamlin MD</u> (Degree or title)	22b. ADDRESS <u>Hannibal mo</u>	22c. DATE SIGNED <u>4/1/61</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial-Removal 4/1/1961</u>	23b. DATE <u>4/1/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>
24. FUNERAL DIRECTOR ADDRESS <u>Lewis Brothers', Palmyra, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Fort Madison, Iowa</u>
25. DATE RECD. BY LOCAL REG. <u>4/6/61</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Duke by Gillian M. Hamman</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, Mo.

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.