

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026069  
STATE FILE NUMBER

AMENDED

Registration District No. 226 Primary Registration District No. 5798 Registrar's No. 22  
FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAY TWP.</b>		Length of stay in lb <b>28 YRS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 MI. N. OF HOLLIDAY MO.</b>		d. STREET ADDRESS (If outside, give location) <b>4 MI. N. OF HOLLIDAY MO.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ORILLA JUNE WOOD</b>		4. DATE OF DEATH Month Day Year <b>JULY 10, 1961</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/7/1913</b>
9. AGE (last birthday) <b>47</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>3</b> Hours <b>-</b> Min. <b>-</b>	IF UNDER 24 HR Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FLOWER SHOP</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FLORIST</b>	
11. BIRTHPLACE (City and state or country) <b>MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>EVERETT E. PORTER</b>		13b. MOTHER'S MAIDEN NAME <b>MATTIE L. CONNWAY</b>	
14. NAME OF HUSBAND OR WIFE <b>A. RUSSELL WOOD</b>		17. INFORMANT Address <b>HOLLIDAY, MO R. #1</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>A. RUSSELL WOOD R. #1</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Ovary with Metastasis</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>26 MO.</b>
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 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 <b>May 11, 1959</b> to <b>July 10, 1961</b> and last saw her <sup>her</sup> alive on <b>July 10, 1961</b> Death occurred at <b>7:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>F. G. Barnett, M.D.</b>		22b. ADDRESS <b>PARIS, MO</b>	
22c. DATE SIGNED <b>7/11/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-12-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>	23d. LOCATION (City, town, or county) (State) <b>PARIS, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>E. H. AGNEW - PARIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>July 14 1961</b>	
26. REGISTRAR'S SIGNATURE <b>E. Lane Miller</b>			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Pais, 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.