

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040142

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 28 Primary Registration District No. 3006 Registrar's No. 728

1. PLACE OF DEATH a. COUNTY Boone County b. CITY Columbia c. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel Cancer Hosp. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph d. STREET ADDRESS 525 503 Sylvania

3. NAME OF DECEASED First Middle Last Doris Nadine Wood 4. DATE OF DEATH December 4 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Divorced 8. DATE OF BIRTH 6-26-22 9. AGE 39

10a. USUAL OCCUPATION waitress 10b. KIND OF BUSINESS OR INDUSTRY waitress 11. BIRTHPLACE Gower, Missouri 12. CITIZEN OF WHAT COUNTRY America

13a. FATHER'S NAME James Smith 13b. MOTHER'S MAIDEN NAME Myrtle Smith 14. NAME OF HUSBAND OR WIFE James Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Record Ellis Fischel Cancer

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, pelvic DUE TO (b) Cancer of uterine cervix DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 12 hours 1 year

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. No

19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

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 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-13-61 to 12-4-61 and last saw her alive on 12-4-61 Death occurred at 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L. Long M.D. 22b. ADDRESS Ellis Fischel Hospital 22c. DATE SIGNED 12/4/61

23a. BURIAL, CREMATION, REMOVAL Removal 23b. DATE 12-5-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn 23d. LOCATION St. Joseph, Missouri

24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo. 25. DATE RECD. BY LOCAL REG. Dec 5, 1961 26. REGISTRAR'S SIGNATURE Mrs. RE Palmer

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia 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.