

FILED JAN 21 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42600

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 380

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Pettis</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sidalia</u>	c. LENGTH OF STAY (In this place) <u>3</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Houstonia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>	d. STREET ADDRESS (If rural, give location) <u></u>		

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>MARGARET</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>WOOD</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>DEC 22, 1948</u>
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<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>M</u>	<b>8. DATE OF BIRTH</b> <u>Dec 23-1879</u>	<b>9. AGE</b> (In years last birthday) <u>68</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 100 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u></u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Morgan Co. Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>Thomas B. Murray</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Caroline Mayale</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>J. H. Wood</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Murray Wood</u>	<b>ADDRESS</b> <u>Houstonia Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) <u>50</u>	<b>MEDICAL CERTIFICATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 YEARS</u>
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<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CARCINOMATOSIS</u>	<b>ANTecedent CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF BREAST</u>	<b>2 YEARS</b>
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<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>170</u>	
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 12-21, 1948, to 12-22, 1948, that I last saw the deceased alive on 12-22, 1948, and that death occurred at 8:40pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Signature or title) <u>A. R. Edwards M.D.</u>	<b>23b. ADDRESS</b> <u>Sidalia Mo.</u>	<b>23c. DATE SIGNED</b> <u>12-22-48</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>12-24-48</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Crown Hill</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sidalia Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-24-48</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Betty Yeager</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hustworth</u>	<b>ADDRESS</b> <u>Houstonia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-19-49

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.

Signed \_\_\_\_\_

*H. W. Smiley*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3987

P. O. Address Houston, 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 this body is not embalmed, fact should be so stated above.