

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42610

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

BIRTH NO. <u>48-48527</u>		REG. DIST. NO. <u>290</u>	PRIMARY REG. DIST. NO. <u>4427</u>	Registrar's No. <u>13</u>
<b>1. PLACE OF DEATH</b> a. COUNTY <u>PULASKI</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u> <u>MO.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dewitt Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4.</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Gayle Jean</u> b. (Middle) <u>Wood</u> c. (Last) <u>Wood</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-30-1948</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>INFANT</u>	<b>8. DATE OF BIRTH</b> <u>Sept 11-1948</u>	<b>9. AGE</b> (In years last birthday) <u>0</u> <b>MONTHS</b> <u>03</u> <b>DAYS</b> <u>19</u> <b>IF UNDER 1 YEAR</b> <b>IF UNDER 12 HRS.</b> <b>Min.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>INFANT</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Waynesville MO</u>
<b>13a. FATHER'S NAME</b> <u>Wayne E Wood</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Bettie Frits</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>SINGLE INFANT</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>NONE.</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Bettie Wood</u> <b>ADDRESS</b> <u>Richland MO</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>108</u>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Meningitis</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>Lobar pneumonia</u> DUE TO (c) <u>thrush</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>thrush</u>		
<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"/>
<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>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from</b> <u>Dec 26</u> , 1948, to <u>Dec 30</u> , 1948, that I last saw the deceased alive on <u>Dec 30</u> , 1948, and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> <u>Louis L. Meyer</u> (Degree or title) <u>D.O.</u>		<b>23b. ADDRESS</b> <u>Richland MO</u>		<b>23c. DATE SIGNED</b> <u>1-8-49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1-1-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Lawn</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Richland MO</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>1-15-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Thelma C. Buckner</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>A. B. Dupes</u> <b>ADDRESS</b> <u>Richland MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 3198

P. O. Address Richland 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.