

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 726

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>Da de</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood, Mo.</b>		c. LENGTH OF STAY (in this place) <b>13 M</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Lockwood Hosp.</b>		

3. NAME OF DECEASED (Type or Print) <b>Edgar Campbell Wood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 26-49</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 2, 1855</b>		9. AGE (In years last birthday) <b>93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Springfield, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Dr. A.C. Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah C. Wood</b>		14. NAME OF HUSBAND OR WIFE <b>Sallie J. Ford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Chas. C. Meek</b> ADDRESS <b>Lockwood, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>20</b> DUE TO (c) <b>97 20</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured hips</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lockwood, Dade, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>REQUESTED</b>	

22. I hereby certify that I attended the deceased from **Nov 5, 1948**, to **Jan 24, 1949**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>T.D. Connelley, M.D.</b> (Degree or title)		23b. ADDRESS <b>Lockwood Mo</b>		23c. DATE SIGNED <b>1-26-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/29/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lenixa Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Lenixa Kansas</b>	

DATE REC'D BY LOCAL REG. <b>1-27-49</b>		REGISTRAR'S SIGNATURE <b>Geo. E. Weir</b>		79	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison</b>		ADDRESS <b>Springfield, Mo</b>	

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

29  
0  
0

RECEIVED

District Health Officer No. 6;

District File Number 249-139

Date Filed 2-2-49

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. 30

working under my personal supervision.

Student Geo. W. Newcomb  
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville, S.C.

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.