

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14692**

FILED APR 18 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4547** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Denver</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>H.W. Part of town</b>		d. STREET ADDRESS (If rural, give location) <b>North Part of town</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rebecca</b> b. (Middle) <b>Frances</b> c. (Last) <b>Wood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 26, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 21, 1861</b>	9. AGE (In years last birthday) <b>87</b>	Months <b>9</b>	Days <b>5</b>	Hours <b>-</b>	Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>	11. BIRTHPLACE (State or foreign country) <b>North Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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FATHER'S NAME <b>William Lewis</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Van Meter</b>	14. NAME OF HUSBAND OR WIFE <b>Gibson Allen Wood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Jess Wood Moore</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cordis Atherosclerosis</b>		<b>10 yrs</b>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4221</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 19 49**, to **Mar 26, 19 49**, that I last saw the deceased alive on **Mar 25, 19 49** and that death occurred at **2:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank B. Matteson M.D.</b>	23b. ADDRESS <b>Grant City, Mo</b>	23c. DATE SIGNED <b>3/26/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 28 1949</b>	24c. NAME OF CEMETERY, OR CREMATORY <b>Prairie Chapel Cem</b>	24d. LOCATION (City, town, or county) (State) <b>2 Mi West of Denver Mo</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 4 1949</b>	REGISTRAR'S SIGNATURE <b>John E. Dawson</b>	345	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Grant Funeral Home, Hamilton Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DISTRICT HEALTH OFFICE**  
Cameron, Mo.

**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 .....  
Student Embalmer

Signed

*L. O. Richerson*

Licensed Embalmer No. *3307*

P. O. Address *Fallwater, 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.