

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22560**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>5118</b>		Registrar's No. <b>171</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Missouri Columbia</b> township) <b>Columbia</b>			c. LENGTH OF STAY (In this place) <b>80</b> Years			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia Rural Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 3</b>				d. STREET ADDRESS (If rural, give location) <b>Route 3</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>THEODORE</b>		b. (Middle) <b>PENSTON</b>		c. (Last) <b>WOOD</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	
8. DATE OF BIRTH <b>April 30, 1882</b>		9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Oscar Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Eugenia Coleman</b>	
14. NAME OF HUSBAND OR WIFE <b>Dell Crowley Wood</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dell Wood, Route 3, Columbia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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>Valvular Heart Disease</b>				<b>4214</b>	
		ANTECEDENT CAUSES					
		DUE TO (b) <b>Intense Heat</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
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 <b>June 1947, 1947, to July 2nd, 1949</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>D Lloyd Simpson</b> (Degree or title) _____		23b. ADDRESS <b>5313 Cherry St Columbia Mo</b>		23c. DATE SIGNED <b>7-5-49</b>		24. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 4, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 5 1949</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		31 _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Funeral Service, Columbia Mo</b> ADDRESS _____	

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

~~District File Number~~  
RECEIVED  
7-12-49  
District Health Officer No. 9,

JUL 26 1948

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 W. S. Whitman

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address Columbia, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.