S. No. 300
. 10.48

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

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38010

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 16-49

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (in this place): 5 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphrey Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Franklin
d. STREET ADDRESS (If rural, give location): 1 mi So. Dooley Chapel

3. NAME OF DECEASED (Type or Print)
a. (First): Robert-
b. (Middle): Anthony-
c. (Last): Wood

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3 Feb 1876
9. AGE (In years last birthday): 73 — If under 1 year: Months ___ Days ___ If under 1 hr.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Preacher
10b. KIND OF BUSINESS OR INDUSTRY: Ministery
11. BIRTHPLACE (State or foreign country): Cass-Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Theopolis-Wood
13b. MOTHER'S MAIDEN NAME: Mary-Moffett
14. NAME OF ~~HUSBAND~~ OR WIFE: Bertha-Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Bertha-Wood — ADDRESS: Eldon Mo

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic & Cardio — years.
DUE TO (c) Renal Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
420

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Nov 9, 1949, *to* Nov 9, 1949, *that I last saw the deceased alive on* Nov 9, 1949, *and that death occurred at* 5 10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphrey (Degree or title): D.O.
23b. ADDRESS: Tuscumbia-Mo
23c. DATE SIGNED: 11 Nov. 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12 Nov 49
24c. NAME OF CEMETERY OR CREMATORY: Dooley-Cem
24d. LOCATION (City, town, or county) (State): Miller-Co Mo

DATE REC'D BY LOCAL REG.: Nov. 11-1949
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M. Kaye — ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 15 1949
District Health Officer No. 9,
DEC 1 1949
District File Number

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Elton 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.