

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38049**

FILED DEC 14 1949

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Monroe City		c. CITY (If outside corporate limits, write RURAL and give township) Monroe City	
c. LENGTH OF STAY (in this place) 48 hr		d. STREET ADDRESS (If rural, give location) 415 N. Main St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 N. Main			

3. NAME OF DECEASED (Type or Print) LAMAR Maddox Wood			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Nov 19, 1882		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days Hours Min. 0 17	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store		11. BIRTHPLACE (State or foreign country) Shelby County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oldolphus E. Wood			13b. MOTHER'S MAIDEN NAME Mary Mitchel			14. NAME OF HUSBAND OR WIFE Anna Mae Wood	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Boulevard Monroe City Mo	
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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) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 24 Hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

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)	
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?	

2. I hereby certify that I attended the deceased from **DEC 5, 1949**, to **DEC 6, 1949**, that I last saw the deceased alive on **DEC 5, 1949**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anna Margaret Burdette Wilson		23b. ADDRESS Monroe City Missouri		23c. DATE SIGNED Dec 8, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-8-49		24c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery	
24d. LOCATION (City, town, or county) (State) Monroe City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Anna Margaret Burdette Wilson & Son		ADDRESS Monroe City Mo	
DATE REC'D BY LOCAL REG. 12-10-49		REGISTRAR'S SIGNATURE Anna Margaret Burdette Wilson		451	

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

FEB 20 1950

MAR 17 1950

JUL 27 1950

RECEIVED DEC 12 1949
District Health Officer No. 1
District File Number 12-49-2
Date Filed

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.