

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43430**

JAN 6 1950

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

| | | | | | | | |
|---|--|--|---|--|--|---|---|
| BIRTH NO. | | REG. DIST. NO. 337 | | PRIMARY REG. DIST. NO. 4497 | | Registrar's No. 112 | |
| 1. PLACE OF DEATH a. COUNTY Shelby County | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Clarence | | c. LENGTH OF STAY (in this place) township) 4 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Clarence, Mo. | | 10 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | | | d. STREET ADDRESS (If rural, give location) None | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Toole c. (Last) Wood | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-15-1949 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 11-7-1870 | |
| 9. AGE (In years last birthday) 79 | | IF UNDER 1 YEAR Months 1 Days 8 | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | 10b. KIND OF BUSINESS OR INDUSTRY Same | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Hugh P. Wood | | | 13b. MOTHER'S MAIDEN NAME Melence Hagan | | | 14. NAME OF HUSBAND OR WIFE Martha 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. X | | 17. INFORMANT'S SIGNATURE OR NAME Martha Wood, Clarence, 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) Diabetes mellitus | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs |
| 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. Prostatic Hypertrophy | | | | | 2 1/2 x 5 years |
| 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) (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 1939 , 19____, to Dec 15-49 , 19____, that I last saw the deceased alive on Dec 15, 1949 , and that death occurred at 11 a m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE D. L. Harrison M.D. | | | | 23b. ADDRESS Clarence Mo | | 23c. DATE SIGNED 12/29/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-17-1949 | 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery | | 24d. LOCATION (City, town, or county) (State) Shelby County, Mo. | | |
| DATE REC'D BY LOCAL REG. Dec 29/49 | | REGISTRAR'S SIGNATURE Ada Garrison | | 25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkeley, Clarence, Mo. | | | |

JAN 1 1950

RECEIVED

District Health Officer No. 10

District File Number 1-38-38

Date Filed JAN 1 1950

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 Eli Hawkins

Licensed Embalmer No. 3498

P. O. Address Adelphi Md

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.