

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7563**BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **8005** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Mt. Pleasant Twp.		0070
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Wright	c. (Last) Wood	4. DATE OF DEATH (Month) (Day) (Year) Mar. 4 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 27, 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months II Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lebanon Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Joseph Wood		13b. MOTHER'S MAIDEN NAME ??	14. NAME OF HUSBAND OR WIFE King, Rebecca 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 Mrs. Jake Stith, Butler 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 year 592X
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)	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 Jan. 6, 1949 , to Mar. 4, 1950 , that I last saw the deceased alive on Mar. 4, 1950 , and that death occurred at 6:15 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE L. D. Laffner, M.D.		(Degree or title)	23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 3-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 7, 50	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	24d. LOCATION (City, town, or county) (State) Adrian Mo.		
DATE REC'D BY LOCAL REG. 3-6-1950	REGISTRAR'S SIGNATURE Randal Curry	25. FUNERAL DIRECTOR'S SIGNATURE Creath and Pix	ADDRESS Adrian Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1950

RECEIVED

District Health Officer No. 7

District File Number 2-50-221

Date Filed 3-15-50

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 and

Fred J. Greath #3343

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.