

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13807

No. 800
10 48
0640

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>108</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		<u>0640</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>			b. (Middle) <u>Wood</u>			c. (Last) <u>Wood</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>May 10 1865</u>		9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>10</u> DAYS <u>20</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>S.F. Young</u>			13b. MOTHER'S MAIDEN NAME <u>Joan Forsythe</u>			14. NAME OF HUSBAND OR WIFE** <u>M. L. Wood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hortence Gilfillan</u>					
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>59040</u> <u>20</u>	
19a. DATE OF OPERATION <u>12-27-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Interochontic fracture Left Hip 064</u>							
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Palmyra</u>		COUNTY <u>Marion</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-23-49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home</u>					
22. I hereby certify that I attended the deceased from <u>12-27</u> , 19 <u>49</u> to <u>3-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>50</u> , and that death occurred at <u>9:35A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>4/4/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Sprague</u>		ADDRESS <u>Palmyra Mo.</u>			

RECEIVED APR 15 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 18 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.

Signed E. J. Sprague

Signed _____
Student Embalmer

Licensed Embalmer No. 3245

P. O. Address Palmyra 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.