

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13808

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 127

6644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Mo</u>		c. LENGTH OF STAY (in this place) <u>18 Days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo. 1020</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess B.</u> b. (Middle) <u>Wood</u> c. (Last) <u>Wood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 11th, 1890</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR <u>3</u> Days	IF UNDER 1 HRS. <u>7</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Silas Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Butner</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Wood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lizzie Wood, Shelbina, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Carcinoma of esophagus</u> Morbidity 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. <u>150X</u>	
19a. DATE OF OPERATION <u>4/14/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Esophagus</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in of 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 <u>3/3</u> , 19 <u>50</u> , to <u>3/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/18</u> , 19 <u>50</u> , and that death occurred at <u>1:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>J.P. Haeckel M.D.</u>		23b. ADDRESS <u>Shelbina, Mo.</u>	23c. DATE SIGNED <u>4/21/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-24-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. H. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Million-Barkelaw, Shelbina, Mo.</u>	

RECEIVED APR 27 1950
MARION CO. HEALTH DEPT.
DATE FILED MAY 2 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 W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne, Me.

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.