

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32321

4482 State File No. Registrar's No. 46

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 610-2

1. PLACE OF DEATH a. COUNTY SCOTLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO Scotland b. COUNTY 0990	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEMPHIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) MAY c. (Last) WOOD			4. DATE OF DEATH (Month) (Day) (Year) OCT 7 1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAR 14, 1879
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 6 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PETERSBURG ILL'	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME GEO. P. DAWSON	13b. MOTHER'S MAIDEN NAME MARY EMILY GARBEL	14. NAME OF HUSBAND OR WIFE THOMAS R. WOOD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME E. L. Dawson ADDRESS 630 FAVETT AVE. SPRINGFIELD, 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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 4-221	
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 (Specify home, farm, factory, street, public bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 10-4- , 19 50 , to 10 7 , 19 50 , that I last saw the deceased alive on 10 7 , 19 50 , and that death occurred at 12:10 pm. , from the causes and on the date stated above.			
23a. SIGNATURE A. M. Keethler (Degree or title) D. O. 2		23b. ADDRESS Memphis, Mo. 10-9-50	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-10-50	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) PETERSBURG ILL'
DATE REC'D BY LOCAL REG. 10/9/50	REGISTRAR'S SIGNATURE J. M. Baker 407	25. FUNERAL DIRECTOR'S SIGNATURE W. L. Payne & Son ADDRESS Memphis	

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

0991
1

NOV 20 1950

Date Received: OCT 11 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-11
Date Filed: OCT 11 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 *R. H. Payne*

Licensed Embalmer No. 2196

P. O. Address Memphis

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.