

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32974

BIRTH NO. _____		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5286</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyacanda</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyacanda</u>		0231	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyacanda</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>WOOD</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 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>May 7 - 1872</u>		9. AGE (In years) (last birthday) <u>78</u>	IF UNDER 1 YEAR Month Days <u>4</u> <u>27</u>	IF UNDER 24 HRS. Hour Min. <u>0</u> <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</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>John Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Wood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Wood</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. <u>Sinility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4:20</u>	
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 (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 <u>Jan 1, 1950</u> , to <u>Oct 4, 1950</u> , that I last saw the deceased alive on <u>Oct 4, 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. F. Anderson</u>				23b. ADDRESS <u>W. Wyacanda, Mo.</u>		23c. DATE SIGNED <u>10-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wyacanda Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wyacanda Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/10-50</u>		REGISTRAR'S SIGNATURE <u>J. H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geoffrey Reed - Kahulaha</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 17 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-
Date Filed: OCT 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Otis L. Lutting

Signed.....
Student Embalmer

Licensed Embalmer No. *2965*

P. O. Address. *Lussey, 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.