

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3920

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 825 Mason Road	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Adelaide Smith Nursing Home 514 N. 10th Street			

3. NAME OF DECEASED (Type or Print) Mabel	a. (First)	b. (Middle) Rishling	c. (Last) Wood	4. DATE OF DEATH (Month) (Day) (Year) February 10, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Rensselaer, Indiana.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harvey Wood	13b. MOTHER'S MAIDEN NAME Mary Crockett	14. NAME OF HUSBAND OR WIFE Wilford B. Wood
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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. None	17. INFORMANT'S SIGNATURE OR NAME Wilford B. Wood	ADDRESS St. Joseph, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTEVAL BETWEEN ONSET AND DEATH 1 day 3 yrs 331 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (acute)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 3 yrs DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 07 2/10, 1951 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. (Coroner)	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 2/11/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 11, 1951	24c. NAME OF CEMETERY OR CREMATOR Jackson Chapel.	24d. LOCATION (City, town, or county) (State) Rensselaer, Indiana.
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DATE REC'D BY LOCAL REG. Feb 15, 1951	REGISTRAR'S SIGNATURE Carl C. Casler	446	FUNERAL DIRECTOR'S SIGNATURE Hatter Meierhoffer	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01174

01173

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

Raymond H. Merchea

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri

Signed ****
Student Embalmer

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.