

FILED MAR 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9684

BIRTH NO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 3056 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - CLAY TWP 0690	
c. LENGTH OF STAY (in this place) 2 WKS		d. STREET ADDRESS (If rural, give location) R.F.D. # 1, SHELBINA, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) MAE b. (Middle) MCCRARY c. (Last) WOOD		4. DATE OF DEATH (Month) (Day) (Year) MAR. 12, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JULY 10, 1884
9. AGE (In years last birthday) 66 Months 8 Days 2		10. 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) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME THOS. W. MCCRARY		13b. MOTHER'S MAIDEN NAME BELLE WILLS		14. NAME OF HUSBAND OR WIFE RALPH WOOD	
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 ADDRESS RALPH WOOD, SHELBINA, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Pulmonary Embolus		INTERVAL BETWEEN ONSET AND DEATH 14 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Colon		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.		153X	

19a. DATE OF OPERATION 5 Mar 51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **5 Mar 1951** to **12 Mar 1951**, that I last saw the deceased alive on **12 Mar 1951**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Howard E. M.D.		23b. ADDRESS Moberly Mo		23c. DATE SIGNED 13 Mar 51	
--	--	-----------------------------------	--	--------------------------------------	--

24a. BURIAL CREMATION. REMOVAL (Specify) BURIAL		24b. DATE MAR. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MO.	
---	--	-----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. Mar 14 51		REGISTRAR'S SIGNATURE Leah Williams Love		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed Blakey, PARIS, MO.	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-37-57
Date Filed: MAR 19 1951

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.....
Student Embalmer

Signed..... *E. H. Ogner*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.