

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19675

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4109</u>		Registrar's No. <u>321</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		c. LENGTH OF STAY (in this place) <u>60-years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville</u>		<u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Keytesville</u>				d. STREET ADDRESS (If rural, give location) <u>Keytesville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Wood</u>		c. (Last) <u>Wood</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>21</u>		(Year) <u>1951</u>	
5. SEX <u>M.</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June -- 1887</u>	
9. AGE (In years, by birthday) <u>64</u>		if UNDER 1 YEAR Months <u>-</u>		if UNDER 24 Hrs. Days <u>-</u>		if UNDER 1 Min. Hours <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Porter</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Taylor Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War # 1</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Monroe Smith</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 atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INFORMANT'S ADDRESS <u>Keytesville, Mo.</u>  ONSET AND DEATH <u>1 hour</u>  <u>Don't know</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				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) <u>5</u>		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>June 1, 1950</u> , to <u>June 21, 1951</u> , that I last saw the deceased alive on <u>June 21, 1951</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl C. Heger</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Keytesville, Mo</u>		23c. DATE SIGNED <u>6/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>June 23rd, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-27-51</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>			
				ADDRESS <u>Keytesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

LGST 9701

Date Received: JUL 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-541184  
Date Filed: JUL 3 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.....

*H. D. Gawett*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address *Keytown*

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.