S. No. 300
v. 10.48

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

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37039

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Grundy 0402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 506 Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy 0402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
d. STREET ADDRESS (If rural, give location) 506 Jackson

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle)
c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) 11-14-51

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 30, 1894
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 9 Days 15 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Daviess County Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James M Wood
13b. MOTHER'S MAIDEN NAME Laura Belle Rader
14. NAME OF HUSBAND OR WIFE Gladys Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS
X R. T. Wood Warrensburg 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) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 2 years
DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1948, *to* Nov 11th, 1951 *that I last saw the deceased alive on* Nov 10th, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Oliver Duffy (Degree or title) MD
23b. ADDRESS Trenton Mo
23c. DATE SIGNED Nov 20th 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-17-51
24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
24d. LOCATION (City, town, or county) (State) Trenton, MO

DATE REC'D BY LOCAL REG. 11/17/51
REGISTRAR'S SIGNATURE Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE Davis-Blackmore
ADDRESS Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 4 1941
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 myself working under my personal supervision.

Student Embalmer No.....

Signed Payne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton - Mo

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.