

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7608

State File No. ....

Registrar's No. 110

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

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

1. PLACE OF DEATH a. COUNTY <i>Callaway.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Miller.</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Pullton.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Eldon.</i>	
c. LENGTH OF STAY (in this place) <i>2 years</i>		d. STREET ADDRESS (If rural, give location) <i>R.R. # 3</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 1.</i>			
3. NAME OF DECEASED a. (First) <i>P.A.M.</i>		b. (Middle)	
c. (Last) <i>WOOD.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 28 1952</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>divorced.</i>	8. DATE OF BIRTH <i>12-6-1871</i>
9. AGE (In years last birthday) <i>80</i>		IF UNDER 1 YEAR Months <i>3</i> Days <i>22.</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
11. BIRTHPLACE (State or foreign country) <i>Miller Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry F. Wood.</i>		13b. MOTHER'S MAIDEN NAME <i>Mary J. D. H.</i>	
14. NAME OF HUSBAND OR WIFE <i>D. H.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Hospital Record, Pullton, Mo.</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia.</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senile Dementia</i>			
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>4222</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <i>None</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>None</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>None</i>			
22. I hereby certify that I attended the deceased from <i>3-25</i> , 19 <i>52</i> , to <i>3-28</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>3-28-52</i> , 19 <i>52</i> , and that death occurred at <i>10:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. B. Caldwell M.D. by A. Truogona</i>		23b. ADDRESS <i>Pullton Mo.</i>	
23c. DATE SIGNED <i>3-28-52.</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL-71</i>		24b. DATE <i>April-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Wood</i>		24d. LOCATION (City, town, or county) (State) <i>Miller-CO MO</i>	
DATE REC'D BY LOCAL REG. <i>Mar-29-1952</i>		REGISTRAR'S SIGNATURE <i>Martha Lawrence</i> 426	
FUNDAL DIRECTOR'S SIGNATURE <i>Keith M. Sage</i>		ADDRESS <i>Eldon MO</i>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Kurt M Keys*  
.....  
Licensed Embalmer No. *3998*  
.....  
P. O. Address *Eldon 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.