No. 300
10.48

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

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15404

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 80

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
d. STREET ADDRESS (If rural, give location): 819 North Adams

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

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1952

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: December 6, 1950
9. AGE (In years last birthday): 1 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -------
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James O. Wood, Jr.
13b. MOTHER'S MAIDEN NAME: Beverly Sue Hendrix
14. NAME OF HUSBAND OR WIFE: ----------

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: James O. Wood, Jr. **ADDRESS**: Nevada, Missouri

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) Burn, 2nd degree, thermal, 65% body — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hot water
DUE TO (c) E9170

II. OTHER SIGNIFICANT CONDITIONS 17
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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) Nevada (COUNTY) Vernon (STATE) Missouri
21d. TIME OF INJURY (Month) May (Day) 1 (Year) 1952 (Hour) 10:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Pt turned on Hot water while bathing

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* May 1, 1952, *that I last saw the deceased alive on* May 1, 1952, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE James J Pascoe (Degree or title) MD
23b. ADDRESS Nevada Missouri
23c. DATE SIGNED May 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) Nevada (State) Missouri

DATE REC'D BY LOCAL REG.: 5-9-52
REGISTRAR'S SIGNATURE: Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home **ADDRESS**: Nevada Missouri

(Licensed Embalmer's Statement on Reverse Side)

03

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.....

Licensed Embalmer No. 1760

P. O. Address Nevada Sm

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.