

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23375**

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6189** Registrar's No. **49**

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

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Dickens	c. LENGTH OF STAY (in this place) 30 years	c. CITY (If outside corporate limits, write RURAL and give township) Rural Dickens 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION home Dickens		d. STREET ADDRESS (If rural, give location) home Dickens	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Wood	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 13, 1857	9. AGE (in years last birthday) 94 Months 9 Days 9	10. SEX Male
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Ontario, Canada	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Thomas Wood	13b. MOTHER'S MAIDEN NAME Margaret Moun	14. NAME OF HUSBAND OR WIFE Margaret L. Wood
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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 R.B. Clements	ADDRESS Dickens, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 3.3 LX	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 1st**, 19**52**, to **May 22nd**, 19**52**, that I last saw the deceased alive on **May 22nd**, 19**52**, and that death occurred at **4 p** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Forsyth, Mo	23c. DATE SIGNED 6/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/24/52	24c. NAME OF CEMETERY OR CREMATORY Dickens Cemetery	24d. LOCATION (City, town, or county) (State) Dickens, MO.
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DATE REC'D BY LOCAL REG. 6-18-52	REGISTRAR'S SIGNATURE E Cogwell 376	25. FUNERAL DIRECTOR'S SIGNATURE Forsyth Funeral Home, Forsyth, Mo	ADDRESS
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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

Walter A. Cobb

Licensed Embalmer No. *4731*

P. O. Address *Stargel, 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.