

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. MORTON

27790

FILED AUG 18 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY <u>GREENE</u> <u>0396</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> <u>0396</u>	
b. CITY OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1015 N. GRANT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 N. GRANT</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>SHACKELFORD</u>	c. (Last) <u>WOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 8, 1952</u>
-------------------------------------	------------------------	--------------------------------	-----------------------	---

5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 1 1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Mins.
-----------------------------	-------------------------------	---	-------------------------------------	---	------------------------	------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WATER SERVICE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FOREMAN FOR FRISCO R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>JOHN MORRIS WOOD</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH A. SHACKELFORD</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH WOOD</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH WOOD</u>	ADDRESS <u>SPRINGFIELD, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspirated pneumonia</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalis</u> DUE TO (c)		<u>15 yrs.</u>
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 <u>4500</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) (Min.)	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 8-4, 1949, to 8-8, 1952, that I last saw the deceased alive on 8-8, 1952, and that death occurred at 8 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Morton, M.D.</u>	23b. ADDRESS <u>Springfield, Mo. 1630 Jefferson</u>	23c. DATE SIGNED <u>8-9-52</u>
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/11/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-15-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson Register</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. LOHMEYER</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
---	--	--	---------------------------------

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

AUG 27 1952

AUG 28 1952

**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 Lucien J. Swadley

Signed.....  
Student Embalmer

Licensed Embalmer No. 4875

P. O. Address Springfield

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.