No. 300
10.48

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

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28787

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Missippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie,
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): Dr. Whitaker office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie, Mo.
d. STREET ADDRESS (If rural, give location): 609 Folk Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): August 28, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1903
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months 2 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New Madrid County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rufus Wood
13b. MOTHER'S MAIDEN NAME: Almeda Mc Bride
14. NAME OF HUSBAND OR WIFE: Buelah May 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.: 498-42-3862
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Buelah May Wood E. Prairie, 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) Heart attack — 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) Ulcerated stomach
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
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* Aug 26, 1952, *to* Aug 28, 1952, *that I last saw the deceased alive on* Aug 28, 1952, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. H. Whitaker M.D.
23b. ADDRESS: East Prairie, Mo
23c. DATE SIGNED: 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-30-52
24c. NAME OF CEMETERY OR CREMATORY: Dogwood
24d. LOCATION (City, town, or county) (State): Mississippi County, Mo.

DATE REC'D BY LOCAL REG.: 9-3-52
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McMillin Funeral Home E. Prairie, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 REC'D

RECEIVED
Miss. Co. Health D
County File No.
Date Filed 9-3-

SEP 12

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 J. Elgin Mitchell

Licensed Embalmer No. 4695

P. O. Address E. Prairie 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.