

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32388**

FILED OCT 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>37</u>			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca Mo 1730</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Community Hospital</u>				3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>S.</u> c. (Last) <u>Wood</u>					
4. DATE OF DEATH: <u>9 - 29 - 1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>			
8. DATE OF BIRTH <u>12 - 4 - 1896</u>		9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Garfield Arkansas</u>			
12. CITIZEN OF WHAT COUNTRY?		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>W. K.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary W. K.</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>440-05-8989</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Betty Simpson</u> ADDRESS <u>47 Smith Ark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Rectum & Anus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gleoma of Retina</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>3 weeks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1998</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) _____		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 <u>9-9-1952</u> , to <u>9-29-1952</u> , that I last saw the deceased alive on <u>9-28-1952</u> , and that death occurred at <u>5:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Melvin M. PULLOUGH, D.O.</u> (Degree or title)				23b. ADDRESS <u>San. Ark Bldg. Neosho Mo</u>		23c. DATE SIGNED <u>10-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seneca Newton Mo</u>			
DATE RECD BY LOCAL REG. <u>Oct 1-1952</u>		REGISTRAR'S SIGNATURE <u>M. Z. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Culver</u>		ADDRESS <u>Cassville Mo</u>			

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Esalth Officer No. _____

District File Number 1052-194

Date Filed 10-8-52

NEOSHO, MISSOURI

JAN 27 1953

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 _____

Ray P. Adams

Student Embalmer No. 424

working under my personal supervision.

Student *Ray P. Adams*.....
Student Embalmer

Signed *Barley Thompson Jr*

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.