

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33939

State File No. \_\_\_\_\_

OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence, Mo</b>	
c. LENGTH OF STAY (In this place) <b>56 Years</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near</b>			

3. NAME OF DECEASED (Type or Print) <b>Oscar</b>			a. (First)		b. (Middle) <b>D</b>		c. (Last) <b>Wood</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 4th 1952</b>						
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 12 1897</b>		9. AGE (In years last birthday) <b>56</b>		10. MONTHS <b>5</b>		11. HOURS <b>1010</b>		12. MIN. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <b>Shannon County Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Freeman Wood</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ann Goforth</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth Wood</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Wood</b>			ADDRESS <b>Eminence, Mo</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<b>Coronary occlusion</b>							<b>immed.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		<b>4201</b>							
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Oct 3rd**, 1952, and that death occurred at **2** a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles F. Wilson</b>			(Degree or title) <b>Coroner Shannon</b>			23b. ADDRESS <b>Eminence Mo</b>			23c. DATE SIGNED <b>10-5-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 6 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Budd Wood Cem</b>			24d. LOCATION (City, town, or county) (State) <b>Eminence, Mo</b>				
DATE REC'D BY LOCAL REG. <b>10-11-52</b>		REGISTRAR'S SIGNATURE <b>Mabel Ballin</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home Mtn View, Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Joe R. Duncan*

Licensed Embalmer No. *7325*

P. O. Address *St. Louis, 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.