No. 300
10-48

FILED OCT. 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34107

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 954

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 6 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grim Smith Mem Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaPlata 0610
d. STREET ADDRESS (If rural, give location): /

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

4. DATE OF DEATH (Month) (Day) (Year): Oct 18 1952

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 20, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days 28 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife Home
11. BIRTHPLACE (State or foreign country): Macon Co. MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harlon Tucker
13b. MOTHER'S MAIDEN NAME: Eva Buck
14. NAME OF HUSBAND OR WIFE: Jeff Anderson Wood

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.: no
17. INFORMANT'S SIGNATURE OR NAME: B. L. Wood — ADDRESS: Sioux City Iowa

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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10-13-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial weakness — 3 wks
DUE TO (c): Surgery for kidney — 9-24-52

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/24/52
19b. MAJOR FINDINGS OF OPERATION: enlarged floating kidney right side -
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?: 603X

22. *I hereby certify that I attended the deceased from* 10-13-, 1952, *to* 10-18, 1952 *that I last saw the deceased alive on* 10-18, 1952 *and that death occurred at* 7:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Grim M.D.
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 10/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 20-52
24c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetery
24d. LOCATION (City, town, or county) (State): La Plata Macon Mo

DATE REC'D BY LOCAL REG.: 10-22-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: D S Christie — ADDRESS: La Plata Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.