S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34289

State File No.

REC'D OCT 27 1952

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1097

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 6 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): missouri methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolckow 0020
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) Dr LOGAN b. (Middle) c. (Last) Wood
4. DATE OF DEATH (Month) (Day) (Year): 10 - 15 - 1952
5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9-20-1881
9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months: 0 Days: 23 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Andrew Co mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Warner Wood
13b. MOTHER'S MAIDEN NAME: Ellinor Dysart
14. NAME OF HUSBAND OR WIFE: Irene Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Irene Wood Bolckow ADDRESS: 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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion — 6 hrs
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: 4201
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* 10 - 15, 1952, *to* 10 - 15, 1952, *that I last saw the deceased alive on* 10 - 14, 1952 *and that death occurred at* 10:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. D. Carle (Degree or title) M.D.
23b. ADDRESS: 706 Francis, St Joseph. Mo.
23c. DATE SIGNED: 10-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10 - 17 - 1952
24c. NAME OF CEMETERY OR CREMATORY: Bolckow
24d. LOCATION (City, town, or county) (State): Bolckow mo.

DATE REC'D BY LOCAL REG.: Oct 18, 1952
REGISTRAR'S SIGNATURE: Carl C. Cu[illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home ADDRESS: Savannah mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1957

MAY 10 1955

DEC 22 1955

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.