

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39539

State File No. ....

Registrar's No. 75

FILED DEC 11 1952

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		State File No. ....		Registrar's No. 75			
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>(RURAL) WALKER</u>			c. LENGTH OF STAY (In this place) <u>47 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>(RURAL) WALKER</u>			TOWNSHIP <u>1680</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location) <u>CALIFORNIA MO</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEFFERSON</u>			b. (Middle) <u>DAVIS</u>		c. (Last) <u>WOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 - 1952</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>FEB. 12 - 1862</u>		9. AGE (In years last birthday) Months Days <u>90 yrs</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>ANDREW WOOD</u>			13b. MOTHER'S MAIDEN NAME <u>MARY THEODORE</u>			14. NAME OF HUSBAND OR WIFE <u>MATTIE WOOD</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman Wood Bonville</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.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</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) _____					INTERVAL BETWEEN ONSET AND DEATH	
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 <u>4500</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Walker (Rural) Moniteau Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Aug. 3</u> , 19 <u>51</u> , to <u>Nov. 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov. 7</u> , 19 <u>52</u> , and that death occurred at _____, from the causes and on the date stated above.											
23a. SIGNATURE (Death or title) <u>L. J. Bonville L. O.</u>					23b. ADDRESS <u>California, Mo.</u>			23c. DATE SIGNED <u>11/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GEYMAN MEMORIAL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR CALIFORNIA MO</u>					
DATE REC'D BY LOCAL REG. <u>11/15/52</u>		REGISTRAR'S SIGNATURE <u>H. L. Poppe</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Hornbeck Prairie Home Mo.</u>						

(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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.