

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44659**

FILED JAN 20 1953

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **521**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) Marceline		c. CITY (If outside corporate limits, write RURAL and give township) Lennas 0580	
c. LENGTH OF STAY (in this place) 6 weeks		d. STREET ADDRESS (If rural, give location) PFO # 3 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) JOHN FERRANDO WOOD		4. DATE OF DEATH (Month) (Day) (Year) 12-31-52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-5-1860
9. AGE (In years last birthday) 92		10. DATE OF BIRTH (If under 1 year) Months 12 Days 26 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wood		13b. MOTHER'S MAIDEN NAME Augusta Woodworth	
14. NAME OF HUSBAND OR WIFE Eva May			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 155X	
17. INFORMANT'S SIGNATURE OR NAME Eva May Wood, Linn, Mo.			
ADDRESS 740			
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) Carcinoma of Gall Bladder with obstruction of common duct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholelithiasis DUE TO (c) 155X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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 11-15, 1952 , to 12-31, 1952 , that I last saw the deceased alive on 12-30, 1952 , and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE John R. Dyer M.D.		23b. ADDRESS Brinkfield Mo	
23c. DATE SIGNED 12-3-52			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-2-52	
24c. NAME OF CEMETERY OR CREMATORY Morris Chapel		24d. LOCATION (City, town, or county) (State) Linn County Mo.	
DATE REC'D BY LOCAL REG. 12-4-52		REGISTRAR'S SIGNATURE Mary Jane Owens	
25. FUNERAL DIRECTOR'S SIGNATURE Brothers Funeral Home, Lennas, Mo.		ADDRESS	

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

1963

MAR 18 1963

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 WR Wright.....

Licensed Embalmer No. 4655.....

P. O. Address Laclede, 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.