

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25396**
 335
 Registrar's No. **335**

FILED JUL 30 1953

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		State File No. 25396		Registrar's No. 335				
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Cherokee								
b. CITY (If outside corporate limits, write RURAL and give township) Jonlin		c. LENGTH OF STAY (In this place) 5 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Galena		8/15/50						
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 1912 Main Street								
3. NAME OF DECEASED (Type or Print)		a. (First) Floyd		b. (Middle) Ernest		c. (Last) Wood		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 7, 1907		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaners Employee		10b. KIND OF BUSINESS OR INDUSTRY Clothing Cleaners		11. BIRTHPLACE (State or foreign country) Claremore Oklahoma			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME James H. Wood			13b. MOTHER'S MAIDEN NAME Evalena Adams			14. NAME OF HUSBAND OR WIFE Pearl Jane 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.		17. INFORMANT'S SIGNATURE OR NAME Pearl Jane Wood						ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION July 18, 1953. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injured 7.30 P.M. When horse he was attempting to ride bolted and ran into Moving Motor Car - Multiple Skull Fractures +						INTERVAL BETWEEN ONSET AND DEATH 5 hours				
*This does not mean the mode of dying, such as heart failure, asthma, 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) and DUE TO (c) Deep Puncture wound over left eye - died 1.45 A.M., July 19, 1953.										
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION None								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) SUBJECT HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Galena, Cherokee, Kansas		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18, 1953, 7:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See #18		
22. I hereby certify that I attended the deceased from July 19, 1953 , to July 19, 1953 , that I last saw the deceased alive on July 19, 1953 , and that death occurred at 1.45 A.M. , from the causes and on the date stated above.												
23a. SIGNATURE Victor E. Winter				(Degree or title) Coroner		23b. ADDRESS Columbus, Kansas			23c. DATE SIGNED 7/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-19-53	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		24d. LOCATION (City, town, or county) (State) Galena Kansas							
DATE REC'D BY LOCAL REG. 7-20-53		REGISTRAR'S SIGNATURE Ed A. James			138		25. FUNERAL DIRECTOR'S SIGNATURE J. O. Duffell				ADDRESS Galena Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-28-53
Jasper County Health Office

County File Number 53-7-618

Date Filed 7-28-53

NOV 5 1953

FEB 27 1954

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

Perfect Funeral Home

working under my personal supervision.

Student Embalmer No.

Signed *Roy DeFelt*
Student Embalmer

Signed *Jane Wene*
Licensed Embalmer No. *2880 m*

P. O. Address *Baptist Hosp Ia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.