

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36765

State File No. \_\_\_\_\_  
Registrar's No. 325

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>718 East 5th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>718 East 5th St.</b>		e. STREET ADDRESS (If rural, give location) <b>718 East 5th St.</b>	

3. NAME OF DECEASED (Type or Print) <b>MAMIE</b>	a. (First)	b. (Middle) <b>LEE</b>	c. (Last) <b>WOOD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 26, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 25, 1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Pettis County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lenton Tavener</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Liza Shull</b>	14. NAME OF HUSBAND OR WIFE <b>Ellison R. Wood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James E. Closser, Sedalia, Mo.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Angina Pectoris</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>of Pettis Co</b>
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22. I hereby certify that I viewed the body of the deceased, as Deputy Coroner on **10-28-53** at **10:28 A.M.** between **8 P.M.** & midnight that I last saw the deceased **10-28-53**, and that death occurred at **10:28 P.M.** from the causes and on the date stated above.

23. SIGNATURE <b>JM Rodeman, M.D. Deputy Coroner Pettis Co</b>	(Degree or title)	23b. ADDRESS <b>219 1/2 S. Ohio St. Sedalia, Mo.</b>	23c. DATE SIGNED <b>10-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olive Branch</b>	24d. LOCATION (City, town, or county) (State) <b>Beaman, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10/30/53</b>	REGISTRAR'S SIGNATURE <b>W. G. Campbell</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Huan C...</b>	ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 P. E. Baker.....

Licensed Embalmer No. 2419.....

P. O. Address Sedalia 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.