

STANDARD CERTIFICATE OF DEATH

State File No. **38076**

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 157

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1082</u> | |
| c. LENGTH OF STAY (in this place) <u>LIFE</u> | | d. STREET ADDRESS (If rural, give location) <u>823 N. Washington St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>AGNES E. WOOD</u> | a. (First) <u>AGNES</u> | b. (Middle) <u>E.</u> | c. (Last) <u>WOOD</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 28 1953</u> |
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|----------------------|-------------------------------|--|------------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>12-26-1896</u> | 9. AGE (in years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nevada, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>H. P. Hildebrand</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Daley</u> | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>J. V. Wood</u> | ADDRESS <u>Nevada, Mo.</u> |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) <u>Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (c) <u>Diabetes Mellitus</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Vascular Disturbance</u> | | | |

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| 19a. DATE OF OPERATION <u>✓</u> | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260X</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>✓</u> |
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22. I hereby certify that I attended the deceased from Oct-11-1953 to Oct-28-1953, that I last saw the deceased alive on Oct-28-1953, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. V. Wood, M.D.</u> | 23b. ADDRESS <u>Nevada, Mo.</u> | 23c. DATE SIGNED <u>11-2-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 31 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Deepwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-2-1953</u> | REGISTRAR'S SIGNATURE <u>Anna & Ferris</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ways Funeral Service</u> | ADDRESS <u>Nevada, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1082

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.