No. 200
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2071

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3243 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 25 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 713 WEBB ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO.
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
d. STREET ADDRESS (If rural, give location): 713 WEBB ST.

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3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): HARRISON
c. (Last): WOOD

4. DATE OF DEATH (Month) (Day) (Year): 1-30-1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 3, 1874
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): MARION COUNTY
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: E. A. WOOD
13b. MOTHER'S MAIDEN NAME: JANE BRAGG
14. NAME OF HUSBAND OR WIFE: NORA WOOD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nora Wood — ADDRESS: Hannibal Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Generalized Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Gangrene — 8 mo
DUE TO (c) arteriosclerosis & Cardiac Weakening

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2 large Decubitus ulcers

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4501
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 31, 1954, *to* Jan 28, 1954, *that I last saw the deceased alive on* Jan 28, 1954, *and that death occurred at* 12:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Sam A. Buchanan — (Degree or title): D.O.
23b. ADDRESS: Hannibal Mo.
23c. DATE SIGNED: 1/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-1-1954
24c. NAME OF CEMETERY OR CREMATORY: ANDREW CHAPEL
24d. LOCATION (City, town, or county) (State): WARREN, MO.

DATE REC'D BY LOCAL REG.: 2/2/54
REGISTRAR'S SIGNATURE: H C Fisher — H C McLucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Roger C Lark — ADDRESS: Hannibal Mo
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 3 1956
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 1956

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 Roger C. Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.