

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11298**
Registrar's No. **402**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **402**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) Lifetime	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 2302 Marion Street		e. STREET ADDRESS (If rural, give location) 2302 Marion Street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) (Jack) c. (Last) Amiture Wood		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 6, 1890
9. AGE (in years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Fireman	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY City Fire Dept.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Wood		13b. MOTHER'S MAIDEN NAME Lula Becker	14. NAME OF HUSBAND OR WIFE Wardie 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. 487-34-9928	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wardie Wood St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		?
		DUE TO (b) Coronary Disease		
		DUE TO (c)		
		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"/>
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)	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 Apr 5, 1954 , to Apr 5, 1954 , that I last saw the deceased alive on Apr 5, 1954 , and that death occurred at 10:00P m., from the causes and on the date stated above.		

23a. SIGNATURE (Name or title) J. M. Allison M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 4/10/54
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Apr. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		

DATE REC'D BY LOCAL REG. April 21, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer & Allison, Inc. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 FEB 22

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..... *** Signature of Student Embalmer

Signed..... *Edward B. ...* Licensed Embalmer No. 2258

P. O. Address St. Joseph,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.