

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21978**

FILED AUG 10 1954

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| BIRTH NO. _____ | | REG. DIST. NO. 4 | PRIMARY REG. DIST. NO. 4014 | Registrar's No. 97 |
| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Atchison | | |
| b. CITY OR TOWN Fairfax | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN Tarkio | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | STREET ADDRESS (If rural, give location) 6030 | | |
| 3. NAME OF DECEASED a. (First) Joseph b. (Middle) Davidson c. (Last) Wood | | 4. DATE OF DEATH (Month) (Day) (Year) July-31-1954 | | |
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct-13-1870 | 9. AGE (In years, month, days, hours, min.) 83 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Gen Farming and Stock Raising | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | |
| 13a. FATHER'S NAME Asaaron Wood | | 13b. MOTHER'S MAIDEN NAME Anne Davidson | | 14. NAME OF HUSBAND OR WIFE Amy Wood |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Amy Wood Tarkio, 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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | 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 July 31 1954 to July 31 1954 , that I last saw the deceased alive on July 31, 1954 , and that death occurred at 8 A.M. , from the cause and on the date stated above. | | | | |
| 23a. SIGNATURE Edward S. Bone MD | | 23b. ADDRESS Tarkio, Mo | | 23c. DATE SIGNED 8/2/54 |
| 24a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial | 24b. DATE Aug-2-1954 | 24c. NAME OF CEMETERY OR CREMATORY Center Grove | 24d. LOCATION (City, town, or county) (State) Tarkio Missouri | |
| DATE REC'D BY LOCAL REG. Aug 7, 1954 | REGISTRAR'S SIGNATURE Thermin J. Schaefer | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westboro, Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

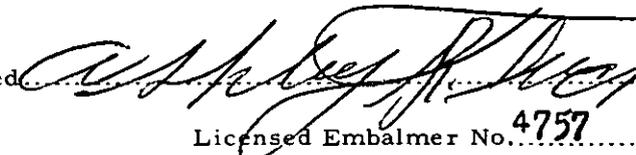
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

AUG 31 1964

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 **Ashley R Tucker II**, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. **4757**

P. O. Address **Westboro, Ma**

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.