

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22208

BIRTH NO. 20952-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 755

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) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Route # 1, Faucett, Mo. 110		d. STREET ADDRESS (If rural, give location) Hi-way # 71 North 2 Miles of City.					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) DONNA JO			a. (First)		b. (Middle)		c. (Last) Wood				
4. DATE OF DEATH July 7th, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 14-1954		9. AGE (In years last birthday) 2 23		IF UNDER 1 YEAR Hours Min.			
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.			
12. CITIZENSHIP OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Marvin V. Wood			13b. MOTHER'S MAIDEN NAME Luella Inscho			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mr. & Mrs. Marvin V. Wood (Parents)			ADDRESS RR #1, Faucett, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Deaf  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Chorea  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 84 days			
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) m.			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 <u>Switzerland</u> , to <u>7-2</u> , 1954, that I last saw the deceased alive on <u>7-7</u> , 1954, and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Clement J. Schmitt M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>				23c. DATE SIGNED <u>7-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE July 10th 1954		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cemetery, St. Joseph, Missouri.		24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. July 10, 1954		REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer, Fleuniger</u>		ADDRESS <u>St. Joseph, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

*Raymond W. Morehe*

Licensed Embalmer No. 4413

P. O. Address. Joseph St

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.