

FILED JUL 2-2, 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22786

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 111

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <u>Trenton</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Susans Nursing Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> c. CITY OR TOWN <u>Trenton</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>2009 Mable St. 0400</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>HARRY</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Wood</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 19 1954</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>JAN. 30, 1867</u>
<b>9. AGE</b> (In years last birthday) <u>87</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hartford, MO</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Section Hand</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>13a. FATHER'S NAME</b> <u>UNKNOWN</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>VIOA BROWN WOOD</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>MRS. VIOA BROWN WOOD Trenton, MO.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Terminal Pneumonia</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious anemia</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>2900</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 10, 1954</u>, to <u>July 16, 1954</u>, that I last saw the deceased alive on <u>July 16, 1954</u>, and that death occurred at <u>12:05 A.M.</u>, from the causes and on the date stated above..</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>L.H. Cullers</u>		<b>23b. ADDRESS</b> <u>Trenton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>7-18-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>July 20, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hartford Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hartford MO.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>7/20/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Drene Jaw</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>DAVIS - Black Knocks F.H. Trenton, Mo.</u>	

Dr. C.H. Cullers

(Licensed Embalmer's Statement on Reverse Side)

---

---

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 *Harold L. Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Hinton, N.C.*

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.