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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36374

State File No.

FILED DEC 8 1955

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Lawford
b. CITY OR TOWN Cuba "Rural" Mereme c. LENGTH OF STAY (in this place) 24 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LAWFORD
c. CITY OR TOWN Cuba "Rural" Mereme
d. STREET ADDRESS 5 mi S.W. of Cuba on RT. #3

3. NAME OF DECEASED
a. (First) George b. (Middle) Lee c. (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) 12-5 1955

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH OCT 17, 1880

9. AGE (In years last birthday) 75 10. MONTHS 1 11. DAYS 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George J. Wood

13b. MOTHER'S MAIDEN NAME Elizabeth White

14. NAME OF _____ WIFE Mary Baker - Deed-

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. None

17. INFORMANT'S SIGNATURE OR NAME Recordan Pre-Approved Funeral ADDRESS Cuba, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 442X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 Aug, 1955, to Dec 6, 1955, that I last saw the deceased alive on Dec 4, 1955 and that death occurred at 8-10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Skilling, D.O.

23b. ADDRESS Cuba - Mo

23c. DATE SIGNED 12-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-7-1955

24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery

24d. LOCATION (City, town, or county) (State) Cuba, Mo

DATE REC'D BY LOCAL REG. 12/6/55

REGISTRAR'S SIGNATURE Mrs. Hazel Lichner

25. FUNERAL DIRECTOR'S SIGNATURE Harmon C. Hoener ADDRESS Cuba, Mo

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

DEC 20 1958

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.....

Norman C. Haener

Licensed Embalmer No. 4673

P. O. Address Suba, Missa

Noté: 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.