

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		c. LENGTH OF STAY (in this place) 13 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 816 No. Third St.		c. CITY OR TOWN DeSoto	
3. NAME OF DECEASED (Type or Print) Norwilda		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. (First) Norwilda		e. STREET ADDRESS (If rural, give location) 816 No. Third St. 0500	
b. (Middle) N.M.N.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1955	
c. (Last) Wood		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 17, 1870		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Summerfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Huskey		13b. MOTHER'S MAIDEN NAME ? Williams	
14. NAME OF HUSBAND OR WIFE James R. 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. None		17. INFORMANT'S SIGNATURE OR NAME Roy Wood	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S ADDRESS DeSoto, Mo.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterio-sclerosis		years	
DUE TO (c) Senility		4201 years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute) no	
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 Dec 10, 1955, to Dec 15, 1955, that I last saw the deceased alive on Dec 15, 1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Neil V. Neffmistry M.D.		23b. ADDRESS DeSoto, Mo.	
23c. DATE SIGNED Dec 16, 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/18/55		24c. NAME OF CEMETERY OR CREMATORY Luckey	
24d. LOCATION (City, town, or county) (State) Near DeSoto Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead	
25. FUNERAL DIRECTOR'S ADDRESS DeSoto, Mo.		DATE REC'D BY LOCAL REG. 12-19-55	
REGISTRAR'S SIGNATURE Marie Harris		146	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 20 1955

FEB 10 1956

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.....
Lee W. Anderson

Licensed Embalmer No. 353

P. O. Address Des Moines

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.