

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1874

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 5

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|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). -a.-STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY OR TOWN <u>La Belle</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | e. STREET ADDRESS (If rural, give location) <u>0560</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> | | b. (Middle) <u>M.</u> | c. (Last) <u>Wood</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 16, 1956</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>September 26, 1868</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Days <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retire Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>La Belle, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Hiram Wood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ms Helena Boardman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Elizabeth Sharp</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Milton Wood La Belle, Missouri</u> | | |
| 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. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Insufficiency Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Impairment of Aortic Aorta</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| 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>1-13</u> , 19 <u>56</u> , to <u>1-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>56</u> , and that death occurred at <u>1 p.</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. N. Cocter D.O.</u> | | 23b. ADDRESS <u>La Belle, Mo</u> | | 23c. DATE SIGNED <u>1-18-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/18/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>La Belle Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-18-56</u> | REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn J. LaBelle, Mo.</u> | ADDRESS <u>La Belle, Mo.</u> | | |

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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glader Jr.

Licensed Embalmer No. 43

P. O. Address LaBelle

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.