

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14374**

State File No. \_\_\_\_\_

**FILED MAY 7 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 914 PRIMARY REG. DIST. NO. 6063 Registrar's No. 32

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Clair</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural- Iconium</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Rural- Iconium</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Jackson Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0930</u>	
		e. STREET ADDRESS (If rural, give location) <u>South Jackson Township</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>E.</u> c. (Last) <u>Wood</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 25, 1956</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov; 7, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>82</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Clair County Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>George W. Lewis</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Payne</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Goldie Harper, Osceola Missouri</u>	<b>ADDRESS</b>
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<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, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 mo</u>  <u>years</u>  <u>1 mo</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Thrombosis</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>Cerebral Arteriosclerosis</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. <u>Anemia</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>332x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<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) m.	<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>

**22. I hereby certify that I attended the deceased from 31 Mar, 1956, to 25 Apr, 1956, that I last saw the deceased alive on 25 Apr, 1956, and that death occurred at 11:50 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>MD</u>	<b>23b. ADDRESS</b> <u>Osceola, Mo</u>	<b>23c. DATE SIGNED</b> <u>27 Apr 56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>4-29-56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Iconium</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Iconium Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-27-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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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 *J.B. [Signature]*.....

Licensed Embalmer No. *309*.....

P. O. Address *[Signature]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.