

FILED MAY 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17097

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie, Mo. 0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 327 E. Main 0	

3. NAME OF DECEASED (Type or Print) a. (First) Ada	b. (Middle) Black	c. (Last) Wood	4. DATE OF DEATH (Month) (Day) (Year) Death May 19, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1899	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) New Madrid, County 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. Black	13b. MOTHER'S MAIDEN NAME Mary Patterson	14. NAME OF HUSBAND OR WIFE Lois <del>XXXX</del> Wood
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Wood East Prairie, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 yr 18 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach, Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ulcer Stomach DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 1, 1956, to May 19, 1956, that I last saw the deceased alive on May 19, 1956, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.C. Martin M.D.	(Degree or title)	23b. ADDRESS 0. East Prairie, Mo.	23c. DATE SIGNED 5-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/21/1956	24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	24d. LOCATION (City, town, or county) (State) Dogwood (Miss) Missouri
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DATE REC'D BY LOCAL REG. 5-24-56	REGISTRAR'S SIGNATURE Bertrude G. Harper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elgin McMillan, East Prairie, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED  
Miss. Co. Health Dept  
County File No. MA 281  
Date Filed MAY 28 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 .....  
Student Embalmer

Signed Edwin McCall

Licensed Embalmer No. 4695

P. O. Address France, MS

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 this body is not embalmed, fact should be so stated above.