Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36474
STATE FILE NUMBER

FILED OCT 28 1957 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Warrensburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Warrensburg Medical Center — Length of stay in 1b 30 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 121 W. North — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Minnie Middle Edwards Last Wood

4. DATE OF DEATH Month 10 Day 22 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 8-29-1888
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Winston.Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James B. Edwards
13b. MOTHER'S MAIDEN NAME Nannie Susan Webb
14. NAME OF HUSBAND OR WIFE Rolla F. Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Rolla F. Wood Address Warrensburg,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 6 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Had 2 previous coronary occlusions
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 195 to 22 oct 57 and last saw her alive on 21 oct 57
Death occurred at 1:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Reed Maxson M.D.
22b. ADDRESS Warrensburg
22c. DATE SIGNED 22 oct 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-24-1957
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) Warrensburg,Mo.

24. FUNERAL DIRECTOR Sweeney-Phillips ADDRESS Warrensburg,Mo.
25. DATE RECD. BY LOCAL REG. Oct. 22, 1957
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Sector, Coroner, etc. must use only standard terminology in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

7-0

JAN 2 1958
DEC 19 1957

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. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrenset

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.