

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6102 58-012846  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 326 Primary Registration District No. 4782 Registrar's No. 164

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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Memphis</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Memphis</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION			d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>SGT. Clifford W. Wood</b>			4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1958</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 29, 1916</b>	9. AGE (In years last birthday) <b>41</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sgt. in Army</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lansing, Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Arthur Wood</b>			14. MOTHER'S MAIDEN NAME <b>Pearl Veva Salmon</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>World War # 2</b>		16. SOCIAL SECURITY NO. <b>381-09-7674</b>	17. INFORMANT Address <b>Harrett Wood Memphis, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Transverse section of the cervical cord.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Immediately</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture dislocation of cervical spine.</b>					"	
DUE TO (c) <b>Traumatic amputation of both legs at junction lower 1/3 of the upper 2/3.</b>					"	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Patient walking along highway during rain storm at night, hit by a car.</b>					
20c. TIME OF INJURY Hour <b>12:10</b> Month, Day, Year <b>April 6, 1958</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>099</b>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Memphis</b>	COUNTY	STATE			
21. I attended the deceased from _____ to _____ and last saw her alive on <b>4/3/58</b> Death occurred at <b>12:10</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>E. E. Helffman</b> (Degree or title)			22b. ADDRESS <b>Memphis, Mo.</b>		22c. DATE SIGNED <b>4/11/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 9, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memphis Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Memphis, Missouri</b>		
24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Memphis Mo 4-12-58</b>		25. DATE RECD. BY LOCAL REG. <b>4-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Vera E. Turner</b>			

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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 *[Signature]*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*[Signature]*

Licensed Embalmer No. 4

P. O. Address *[Signature]*

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