Health, Welfare Public Service

300
1-56
5770

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029824
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 8264 Primary Registration District No. 4395 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gainesville — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 5 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3008 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sue Middle: Hansuer Last: Wood

4. DATE OF DEATH: Month: 8 Day: 18 Year: 58

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: 12-9-1876

9. AGE (In years last birthday): 81

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

11. BIRTHPLACE (City and state or country): Carroll Tex Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Zack Williams

14. MOTHER'S MAIDEN NAME: Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs Frances Phillips Gainesville 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): Uremic Poisoning & Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 Wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Decompensation & Edema — 3 Mo
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Heart Block. Arterial Hypertension 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 April 10, 1958 to Aug 18, 1958 and last saw her/him alive on 8-18-58
Death occurred at 11:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. J. Hoerman MD

22b. ADDRESS: Gainesville, Mo

22c. DATE SIGNED: 8-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-18-58

23c. NAME OF CEMETERY OR CREMATORY: Forest Hill

23d. LOCATION (City, town, or county) (State): Carroll Tex Mo

24. FUNERAL DIRECTOR: Clinkingbeard — ADDRESS: Gainesville Mo

25. DATE RECD. BY LOCAL REG.: 8/18/58

26. REGISTRAR'S SIGNATURE: Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

461

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Elsey

Licensed Embalmer No. 48

P. O. Address Gainvil

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