

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033523

STATE FILE NUMBER

FILED OCT 9 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 320

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal 6644		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 804 Bird Street		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FPHRIAM HENRY WOOD			4. DATE OF DEATH Month Day Year September 28, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 3, 1899	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months 1 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gustodian		10b. KIND OF BUSINESS OR INDUSTRY Hannibal Public Schools Marion County Missouri	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Samuel H. Wood		13b. MOTHER'S MAIDEN NAME Nora Saunders	14. NAME OF HUSBAND OR WIFE Helen Louise Armentrout Wood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 486 12 0974	17. INFORMANT Mrs. E. H. Wood Hannibal Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction, recent</u> DUE TO (b) <u>Arteriosclerosis, coronary vessels.</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 hours
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Sept 28 1958</u> to <u>28 Sept 1958</u> and last saw ^{her} him alive on <u>28 Sept 1958</u> Death occurred at <u>7:20 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Wynell Hamlin M.D.</u>			22b. ADDRESS <u>Hannibal Mo.</u>		22c. DATE SIGNED <u>9/30/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/1/1958	23c. NAME OF CEMETERY OR CREMATORY Andrews Chapel	23d. LOCATION (City, town, or county) (State) Marion County Missouri		
24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. 10-2-1958	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckey</u>	

RECEIVED OCT 7 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 7 1958

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 *H. Casper Fred Smith*

Licensed Embalmer No. 2814

P. O. Address... Hannibal Missouri

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.