

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038683
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 369 Primary Registration District No. 6253 Registrar's No. 6

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williams Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Williamsville (Rord) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1110 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Martha Frances Wood			4. DATE OF DEATH Month Day Year Oct. 15 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22-1898	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days 8 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) Wayne Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Deason		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elisha Wood (Deceased)	
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 Mr. Sam Willard Williamsville Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Enlarged Liver DUE TO (c) Cancer of Liver			INTERVAL BETWEEN ONSET AND DEATH 3 days 1 yr 1 yr
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 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 WORK <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 Poplar Bluff, Mo	COUNTY Wayne	STATE Mo.
21. I attended the deceased from July 29, '58 , to Oct. 13, '58 and last saw her alive on Oct. 23, 1958 Death occurred at _____ m on the _____ day stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) W. H. Burton, M.D.		22b. ADDRESS Poplar Bluff, Mo		22c. DATE SIGNED 10-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-17-58	23c. NAME OF CEMETERY OR CREMATORY Walker Cemetery	23d. LOCATION (City, town, or county) (State) Wayne Co. Mo.
24. FUNERAL DIRECTOR William Coda Richmond		25. DATE RECD. BY LOCAL REG. Oct 29 1958	26. REGISTRAR'S SIGNATURE Hazel Hard

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Codex Funeral Home, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cooker

Licensed Embalmer No. 3723

P. O. Address Frederick

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.