

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038903  
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 547

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mendon</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Univ. Med. Center</b>		Length of stay in lb <b>4 hrs 10 min</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Osie</b> Middle <b>Hawkins</b> Last <b>Wood</b>			4. DATE OF DEATH Month <b>Dec</b> Day <b>8</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-25-86</b>
9. AGE (In years last birthday) <b>72</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Illinois, Sullivan</b>
12. CITIZEN OF WHAT COUNTRY? <b>United States</b>		13a. FATHER'S NAME <b>Europe Hawkins</b>	
13b. MOTHER'S MAIDEN NAME <del>XXXXXXXX</del> <b>Sellens</b>		14. NAME OF HUSBAND OR WIFE <b>S. A. Wood</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. -----	
17. INFORMANT <b>Columbia, Mo.</b>		Univ. Medical Center Records	
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>Contusions of lungs, bilateral</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Crushing injury of chest with multiple rib fractures</b>			<b>7 hours</b>
DUE TO (c) <b>Trauma following motor vehicle accident 8304</b>			<b>7 hours</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Aspiration of gastric contents. Fracture of left humerus</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>Decedent was standing before gate on farm. Her husband was attempting to open gate. Their car rolled down incline and crushed decedent against gate then ran over her.</b>	
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.) <b>Farm</b>		20f. CITY, TOWN, OR LOCATION <b>021 Mendon</b> COUNTY <b>Chariton</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>CORONERS CASE</b> , to _____ and last saw <sup>her</sup> / <sub>him</sub> alive on _____ Death occurred at <b>10: 35</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wesley P. Burns M.D.</b>		22b. ADDRESS <b>Dept 3 Pathology University of Missouri</b>	
22c. DATE SIGNED <b>12-9-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/11/58</b>	
23c. NAME OR CEMETERY OR CREMATORY <b>Mendon Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mendon, Missouri</b>	
24. FUNERAL DIRECTOR <b>Lyman Sprinkle Columbia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 9, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>			

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 ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Lynne J. Amble* .....

Licensed Embalmer No. *4013* .....

P. O. Address *Columbia* .....

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.