

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006608

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

57

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital			Length of stay in lb 6 mos	d. STREET ADDRESS (If outside, give location) Route 3			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First INA Middle DeWITT Last WOOD				4. DATE OF DEATH Month Feb. Day 10 Year 1959			
5. SEX Female	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 July 31, 1909		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse & House W. Medical		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Beaman, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph De Witt			13b. MOTHER'S MAIDEN NAME Josephine Wilson			14. NAME OF HUSBAND OR WIFE J. Emmett Wood	
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 Address J. Emmett Wood, Route # 3, Sedalia, 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) Internal Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 96 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured Liver						96 hrs	
DUE TO (c) Traumatic Injury--caused by a Car--Truck Collision						96 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture neck of right femur--right humerus--dorsal vertebra						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE xx <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Driver of a car in which there was a Car--Truck Collision				
20c. TIME OF INJURY Hour 7:15 a.m. xx Month 2/6/59 Day xx Year xx							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road 4 mi W. Sedalia		20f. CITY, TOWN, OR LOCATION Pettis		STATE Mo.	
21. I attended the deceased from 2/6/59 to 2/10/59 and last saw her alive on 2/9/59 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Glenn A. Walker (D. or title) D. O.				22b. ADDRESS 400 W 4th St Sedalia, Mo.		22c. DATE SIGNED 2/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 12, 1959		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		23d. LOCATION (City, town, or county) (State) Beaman, Mo.	
24. FUNERAL DIRECTOR D. W. HECKART, Sedalia, Mo				25. DATE RECD. BY LOCAL REG. Feb 10, 1959		26. REGISTRAR'S SIGNATURE Frances A. Kelby	

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS
MAY 6 1960

VS
JUN 7 1960

MAR 3 1959

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 *D. L. Shaffer*

Licensed Embalmer No. *5063*
P. O. Address *Red Bank, Mo.*

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.