

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014417  
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 62

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>BUFFALO TOWNSHIP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY <u>LOUISIANA</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>RR 2, LOUISIANA MO</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>RR #2.</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER FRANKLIN WOOD</u>			4. DATE OF DEATH Month Day Year <u>MAY 3 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 19 1880</u>		9. AGE (In years, months, days) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>PEARL ILLINOIS, U.S.A</u>		

13a. FATHER'S NAME <u>WILLIAM WOOD</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE WOOD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MRS MATTIE WOOD LOUISIANA MO-RR2</u>	

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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension, arteriosclerosis</u>		
	DUE TO (c)		
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 <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	
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21. I attended the deceased from Apr 2 1959 to May 3 1959 and last saw her alive on May 3 1959  
Death occurred at 2:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. P. Hansen D.D.</u>		22b. ADDRESS <u>Frankford Mo.</u>		22c. DATE SIGNED <u>5-3-59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 6 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>		23d. LOCATION (City, town, or county) (State) <u>PIKE COUNTY MO</u>	
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24. FUNERAL DIRECTOR <u>GEORGE COLLIER, LOUISIANA, MO</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 4-1959</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	
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vactor, 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

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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 .....

Licensed Embalmer No.....

P. O. Address.....

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.