

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016615
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 160

5. 300
1-57

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BETHEL TWP
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KOH HOSPITAL		Length of stay in 1b 5 WEEKS	d. STREET ADDRESS (If outside, give location) EAST OF BETHEL, MO.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GUY ROLAND WOOD			4. DATE OF DEATH Month Day Year MAY 21, 1959		
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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 JAN. 12, 1875	9. AGE (In years last birthday) 84	10. FUNDERS YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (City and state or country) SHELBY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES H. WOOD	13b. MOTHER'S MAIDEN NAME ELLEN LAIR	14. NAME OF HUSBAND OR WIFE MYRA ELSIE WOOD
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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. 492-42-6549	17. INFORMANT Address JAMES WILLIAM WOOD, BETHEL, MO
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18. CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Vascular Collapse		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Coronary Occlusion	
	DUE TO (c) Coronary Atherosclerosis 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy		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.)
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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 4-29-58 , to 5-21-59 and last saw him alive on 5-21-59 Death occurred at 8:28 AM on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) W.E. Meaney DO	22b. ADDRESS Kirkville Missouri	22c. DATE SIGNED 5-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion CEMETERY	23d. LOCATION (City, town, or county) (State) SHELBY COUNTY, MO.
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24. FUNERAL DIRECTOR MUSGROVE FUNERAL HOME, BETHEL, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-23-1959	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related. W.E. MEANEY, D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 *Paul S. Hayes*

Licensed Embalmer No. 4461

P. O. Address Shellina, Y

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.