

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021062

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. — Registrar's No. 684-C

1. PLACE OF DEATH
 a. COUNTY Breene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove Inside Limits Yes No
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. N.W. of W.G. Length of stay in lb 6 HRS.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY Breene
 c. CITY OR TOWN Springfield Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1336 E. Mc Gee Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First WALTER Middle VERN Last WOOD
4. DATE OF DEATH Month JUNE Day 22 Year 1959
5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED** NEVER MARRIED **8. DATE OF BIRTH** JUNE 19-1909 **9. AGE** (In years last birthday) 50 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) PRODUCERS CREAMERY **10b. KIND OF BUSINESS OR INDUSTRY** Milk products **11. BIRTHPLACE** (City and state or country) WALNUT GROVE - Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.
13a. FATHER'S NAME D.M. WOOD **13b. MOTHER'S MAIDEN NAME** FLORA HARMAN **14. NAME OF HUSBAND OR WIFE** EDNA MAE 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.** 496-03-5303 **17. INFORMANT** EDNA MAE WOOD Address SPRINGFIELD - Mo. 1336 E Mc Gee

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH Instant
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease arteriosclerotic heart disease
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **20f. CITY, TOWN, OR LOCATION** _____ **COUNTY** _____ **STATE** _____
21. I attended the deceased from 5/11/59 to 6/22/59 and last saw her alive on 6/8/59
 Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Thomas E. Cochran M.D. **22b. ADDRESS** Springfield Mo **22c. DATE SIGNED** 6/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** June 25-1959 **23c. NAME OF CEMETERY OR CREMATORY** Turkey Creek Cemetery **23d. LOCATION** (City, town, or county) (State) Walnut Grove - Missouri
24. FUNERAL DIRECTOR Brown - Daniel - Walnut Grove - Mo. **25. DATE RECD. BY LOCAL REG.** 7-7-59 **26. REGISTRAR'S SIGNATURE** E. H. & M. Melton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Thomas E. Cochran, M.D.

300
1-5

FILED JUL 14 1959

JUL 14 1959

OCT 30 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 Ray E. Juleau

Licensed Embalmer No. 5952
P. O. Address Valmet Grove

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.