

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024857**

**FILED VS JUL 20 1959**

Registration District No. 128 Primary Registration District No. \_\_\_\_\_ Registrar's No. 731-B STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> COUNTY <b>Tulsa</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pond Creek Twp.</b>		Length of stay in 1b <b>Accident</b>	c. CITY OR TOWN <b>Tulsa</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 mi. E. PP Hy.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>312 E 19th St.</b>

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>G.</b> Last <b>Wood</b>	4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1959</b>
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5. SEX <b>Male</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>9-10-1914</b>	9. AGE (last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Efficiency Expert</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Cherokee Sabs.</b>	11. BIRTHPLACE (City and state or country) <b>Brooklyn, New York</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Thomas Carline Wood</b>	13b. MOTHER'S MAIDEN NAME <b>Florence Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Edith Wood</b>
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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) <b>Yes U.S. 2</b>	16. SOCIAL SECURITY NO. <b>360-01-6243</b>	17. INFORMANT <b>Mrs. Edith Wood: 312 E. 19th, Tulsa, Okla.</b>
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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) <b>RUPTURE OF HEART</b>	INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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>HE WAS ONE OF FIVE PERSONS IN A TWO MOTOR BEECHCRAFT AIRPLANE WHICH CRASHED IN WOODED AREA WEST OF REPUBLIC, MO.</b>
20c. TIME OF INJURY <b>Approx 3:22 p.m.</b>	Month, Day, Year <b>7/2/59</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>PLANE CRASH IN WOODS WEST OF REPUBLIC GREENE MISSOURI</b>
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b>	COUNTY <b>GREENE</b> STATE <b>Missouri</b>

21. I attended the deceased from \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at **approx 3:22 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Ralph H. Thieme</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>16 July, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-3-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jopoka, Kansas</b>
23d. LOCATION (City, town, or county) (State) <b>Tulsa, Oklahoma</b>	23e. REGISTRAR'S SIGNATURE <b>Effie S. Meltzer</b>	

24. FUNERAL DIRECTOR <b>Cantrell F.H. Republic, Mo;</b>	25. DATE RECD. BY LOCAL REG. <b>7-17-59</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 23 1959

JUL 20 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William D. Cant

Licensed Embalmer No. 482

P. O. Address Republic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.