

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-029597

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 113

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ross Nursing Home</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arizona</u> b. COUNTY <u>MariCopa</u> c. CITY OR TOWN <u>Phoenix</u> d. STREET ADDRESS (If outside, give location) <u>Unknown</u>	
3. NAME OF DECEASED First <u>Jennie</u> Middle <u>Leona</u> Last <u>Wood</u>			4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/15/1894</u>	9. AGE (last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (City and state or country) <u>Warrensburg, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>David Heizer</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Crutcher</u>		14. NAME OF HUSBAND OR WIFE <u>Harold 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>496-09-7773</u>	17. INFORMANT <u>Marcus Heizer Warrensburg, Mo.</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>Cerebral vascular thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Previous cerebral vascular thrombosis with hemiparesis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>8-5-59</u> to <u>8-15-59</u> and last saw her/him alive on <u>8-16-59</u> Death occurred at <u>3:30P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Raymond R. Owings, M.D.</u> (Degree and title)		22b. ADDRESS <u>Warrensburg, Mo.</u>		22c. DATE SIGNED <u>8-22-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-24-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jacoby Chapel Cemetery Rural Warrensburg, Mo.</u>	23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Sweeney-Phillips-Warrensburg, Mo.</u>		24a. DATE RECD. BY LOCAL REG. <u>Aug. 22, 1959</u>	24b. REGISTRAR'S SIGNATURE <u>Lavannal Crutchfield</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Mavis D Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg

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