

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015009

FILED VS MAY 5 1960

Registration District No. 132 Primary Registration District No. \_\_\_\_\_ Registrar's No. 72 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Laredo</u>		Length of stay in 1b <u>6 years</u>	c. CITY OR TOWN <u>Laredo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi West Laredo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 mi West Laredo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Marcus</u> Middle <u>Truman</u> Last <u>Wood</u>			4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1960</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>July 30 1902</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Laredo Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>George Wood</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy 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>491-42-3242</u>		17. INFORMANT <u>Mrs Daisy Wood Laredo Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>		<u>1 Year</u>
DUE TO (b) <u>Coronary disease</u>		<u>2 yrs</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)		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>3:30 p.m.</u> 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 <u>Laredo</u> COUNTY <u>Grundy</u> STATE <u>Missouri</u>
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21. I attended the deceased from January 1958 to 4/12/60 and last saw him alive on April 10 1960  
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 <u>E. J. Roberts MD</u> (Degree or title)	22b. ADDRESS <u>Wentworth Mo</u>	22c. DATE SIGNED <u>4/15/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/18/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laredo Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Laredo Missouri</u>
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24. FUNERAL DIRECTOR <u>E. J. Roberts Funeral Home - Laredo</u>	ADDRESS <u>Laredo</u>	25. DATE RECD. BY LOCAL REG. <u>4-18-60</u>	26. REGISTRAR'S SIGNATURE <u>June Fair</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 10 1968

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 *J. M. Robertson*

Licensed Embalmer No. *4318*

P. O. Address *Orlando*

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.