

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045495

FILED VS JAN 9 1961

75

Primary Registration District No. 3016

Registrar's No. 2

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Length of stay in 1b 2 1/2 hr.		c. CITY OR TOWN Cameron		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 402 So. Chestnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First RUSSELL Middle IOWELL Last WOOD				4. DATE OF DEATH Month Dec. Day 31 Year 1960									
5. SEX male		6. COLOR OR RACE cauc.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-29-1901		9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist				10b. KIND OF BUSINESS OR INDUSTRY Denistry		11. BIRTHPLACE (City and state or country) Daviess Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Geo. Wood				13b. MOTHER'S MAIDEN NAME Mary Jane Surface				14. NAME OF HUSBAND OR WIFE Lou Gene 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. 498-42-3203		17. INFORMANT Address Lou Gene Wood, Cameron, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH: 4 hrs. DUE TO (b) Coronary artery occlusion 4 hrs. DUE TO (c) Coronary arteriosclerosis 5 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Infarction 7 mo ago 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 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 4:40 a.m. p.m.		Month, Day, Year 12-31-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 12-31-60 to 12-31-60 and last saw ^{her} him live on 12-31-60 Death occurred at 4:40 ^p on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE R. A. Compton (Deceased or title)						22b. ADDRESS D.O. Cameron, Mo.			22c. DATE SIGNED 1-2-1961				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-3-1961		23c. NAME OF CEMETERY OR CREMATORY Graceland			23d. LOCATION (City, town, or county) Cameron, Mo.			(State)			
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 1-2-61		26. REGISTRAR'S SIGNATURE Francis D. Bradford							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Coland

Licensed Embalmer No. 477

P. O. Address 222 W. Cameron

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