

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005728

STATE FILE NUMBER

AMENDED

Registration District No. 456 Primary Registration District No. 2001 Registrar's No. 59

FILED VS FEB 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b. 18 yrs	c. CITY OR TOWN Joplin		Inside Limits, Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1503 Moffet Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle ERNEST Last WOOD			4. DATE OF DEATH Month February Day 9 Year 1961			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-6-1905	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months 55 Days 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Staff Supervisor - American Nat'l Life Ins. Co.		10b. KIND OF BUSINESS OR INDUSTRY Reeds, Mo.	11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME D. E. Wood		13b. MOTHER'S MAIDEN NAME Linnie Maple Lane		14. NAME OF HUSBAND OR WIFE Ethel (Banes) 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. Unk	17. INFORMANT Address Mrs. Ethel Wood, 1503 Moffet Avenue			
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 Coronary Infarction						INTERVAL BETWEEN ONSET AND DEATH less than 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Lympho-sarcoma of the lung; surgery 2 years ago		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 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 10:10 a.m. pm Month, Day, Year						
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 January 1961 , to _____ and last saw ^{her} him alive on February 9, 1961 Death occurred at 10:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Ethel Wood</i> (Degree or title)		22b. ADDRESS 410 Jackson, Joplin, Mo.		22c. DATE SIGNED 2-13-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-14-61	23c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery,	23d. LOCATION (City, town, or county) Miami, Oklahoma		(State)	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 2-14-1961	26. REGISTRAR'S SIGNATURE <i>Noce Merriam</i>			

MAR 16 1961

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 Shirley E. Bruce

Licensed Embalmer No. 4463

P. O. Address Japan MO

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.