SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-009804
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 79

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL — Length of stay in 1b 6½ YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSP. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY MONROE
c. CITY OR TOWN PARIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) FAIRVIEW HEIGHTS — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LULA Middle LEE Last WOOD
4. DATE OF DEATH Month FEB. Day 26 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1/12/1883
9. AGE (last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) PARIS, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEO. CLAY
13b. MOTHER'S MAIDEN NAME MARY J. HEATHMAN
14. NAME OF HUSBAND OR WIFE ELLIS G. WOOD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT WM. J. JOHNSTON Address 323 N. LEVERING HANNIBAL, MO.

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)	Congestive failure	two days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pneumonia	4 days
DUE TO (c)	Pathological fracture left femur	2½ Months

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec 14, 1960, to Feb 26, 1961 and last saw her alive on Feb 26, 1961
Death occurred at 11 p.m., on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jm Canella M.D. M. D.
22b. ADDRESS 707 Bdwy, Hannibal, Missouri
22c. DATE SIGNED 2-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3/1/1961
23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE
23d. LOCATION (City, town, or county) (State) PARIS MISSOURI

24. FUNERAL DIRECTOR E.H. AGNEW ADDRESS PARIS, MO.
25. DATE RECD. BY LOCAL REG. Feb 28-1961
26. REGISTRAR'S SIGNATURE Dr E M Luke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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_____ Signed E H Agnew

Signature of Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, 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.