

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027586

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 402

FILED AUG 14 1962

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 **2 mos**

c. CITY OR TOWN **Duenweg** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Freeman Hospital** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **FANNIE WOOD** 4. DATE OF DEATH Month Day Year **August 1, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **6-10-1874** 9. AGE (last birthday) **88** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **Lawrence County, Kans** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William E. Evans** 13b. MOTHER'S MAIDEN NAME **Adeline Chockley** 14. NAME OF HUSBAND OR WIFE **Oscar 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. **None** 17. INFORMANT **Mrs. Ken R. Reynolds, 3111 Kentucky Ave** Address **Joplin, 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 **1 hr.**
 DUE TO (b) **Arteriosclerotic heart dis** **1+ yrs**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 **8/1/62** to **8/1/62** and last saw her **lived & did not see**
 Death occurred at **9:30 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated. **Studied Hospital Records**

22a. SIGNATURE (Degree or title) **H. K. Wieman MD.** 22b. ADDRESS **Joplin, Missouri** 22c. DATE SIGNED **8-2-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **August 3, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Forest Park Cemetery** 23d. LOCATION (City, town, or county) (State) **Joplin, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Thornhill-Dillon Mortuary, Joplin, Mo.** 25. DATE RECD. BY LOCAL REG. **8-10-1962** 26. REGISTRAR'S SIGNATURE **Novce Merriem**

DO NOT WRITE ON THIS STUB

AMENDED

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.