

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002834

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registrar District No. 274 Primary Registration District No. 2052 Registrar's No. 26

STATE FILE NUMBER

FILED JAN 30 1963

VS:300
Rev. 4/59

6808

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in Tb 60 Years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 506 Dal Whi Mo Ct.		d. STREET ADDRESS (If outside, give location) 506 Dal Whi Mo Ct.	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) WINNIFRED WOOD		4. DATE OF DEATH Month January Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 3-4-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	
11. BIRTHPLACE (City and state or country) Shelbina, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peter A. Snider		13b. MOTHER'S MAIDEN NAME Martha Ann Utz	
14. NAME OF HUSBAND OR WIFE Larue Melville Wood		Address 644 East 11th Street Sedalia, Missouri	
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. Not Given	
17. INFORMANT Mrs. G. R. Lovercamp		Interval Between Onset and Death 5 yrs.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia. Of two days duration DUE TO (b) Hypertensive Cardio- Vascular Disease DUE TO (c) Tic Douloureux- Right 25 Years duration			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tic Douloureux- Right 25 Years duration			
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.) None			
20c. TIME OF INJURY Hour None 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.) None	
20f. CITY, TOWN, OR LOCATION Sedalia, Mo.		COUNTY Pettis STATE Missouri	
21. I attended the deceased from Over 25 years to Jan. 21st, 1963 and last saw her/him alive on Same day. Death occurred at 8:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jno. B. Carlisle M.D.		22b. ADDRESS Sedalia, Mo. Jan. 22nd, 1963	
22c. DATE SIGNED 1-22-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-23-1963	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR D.W. Heckart		25. DATE RECD. BY LOCAL REG. January 22, 1963	
26. REGISTRAR'S SIGNATURE Frances Shelby per N. Anderson			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATE OF OHIO

DEPARTMENT OF HEALTH

1966

DEATH CERTIFICATE

NO. 1

1966

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

20

DEATH CERTIFICATE

NO. 1

1966

DATE OF DEATH

PLACE OF DEATH

1966

DEATH CERTIFICATE

NO. 1

1966

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. 692

working under my personal supervision.

Student Aue Neckart
Signature of Student Embalmer

Signed Aue Neckart

Licensed Embalmer No. 3470

P.O. Address Sedalia, 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.