

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040985

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 135

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Richland

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Claude Wood Res.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaskic. CITY
OR
TOWN RichlandInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
WilliamMiddle
AshleyLast
Wood4. DATE
OF
DEATHMonth
OctDay
11Year
19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
2-1-18749. AGE (last birthday)
8910. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Domestic11. BIRTHPLACE (City and state or country)
Pulaski Co Mo12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George M Dallas Wood

13b. MOTHER'S MAIDEN NAME

Blanche Temple Montgomery

14. NAME OF HUSBAND OR WIFE

Anna Melissa

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.

495-42-1047

17. INFORMANT

Claude T Wood Richland Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

1) CEREBROVASCULAR ACCIDENT, SEVERE MINUTES
2) ARTERIOSCLEROSIS, GENERALIZED 10 YEARS
3) CORONARY INSUFFICIENCY, CHRONIC 5 YEARSINTERVAL BETWEEN
ONSET AND DEATHPART 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 ☐ Unknown19. 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 Month, Day, Year
a.m. p.m.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 _____ to **DEATH** and last saw him alive on **10-11-63**.
Death occurred at **10:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert M. Williams, M.D.

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

10-12-63

23a. BURIAL, CREMATION, or other
REMOVAL (Specify)
Burial

10-13, 1963

23b. NAME OF CEMETERY OR CREMATORY

Idumea Cemetery

23d. LOCATION (City, town, or county)

Laquey Pulaski Missouri

24. FUNERAL DIRECTOR

Moss-Williams Richland Missouri

25. DATE RECD. BY LOCAL REG.

10-13-63

26. REGISTRAR'S SIGNATURE

Paul J. Anderson

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

OCT 24 1963

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

Clarence J. Moss

Licensed Embalmer No.

4896

P. O. Address

Waynesville, 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.