MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037667
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 587

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0109
2 0680
3
4 0
5 1
6
7 0
8 1
9 4201
10
11
12 2-0
13 3-0

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

FILED OCT 22 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b: 5 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri University Medical Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Andrew Middle Jackson Last Wood

4. DATE OF DEATH: Month Oct. Day 13 Year 1962

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-12-1887

9. AGE (last birthday): 74
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): FARM

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): Moniteau County Mo

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Jefferson Davis Wood

13b. MOTHER'S MAIDEN NAME: Maddie Hornbeck

14. NAME OF HUSBAND OR WIFE: Myrtle Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT Address: Medical Records, MUMC

MEDICAL CERTIFICATION

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)	Myocardial Infarction	5 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	5 min
DUE TO (c)	Arteriosclerosis	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrene of left Foot

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 10-9-62 to 10-13-62 and last saw him alive on 10-13-62

Death occurred at 6:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Earl S. Russell MD

22b. ADDRESS UMMC, Columbia Mo

22c. DATE SIGNED 10-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY: Block Cemetery

23d. LOCATION (City, town, or county) (State): California Moniteau, Mo.

24. FUNERAL DIRECTOR ADDRESS: Bowlin Funeral Home-California, Mo.

25. DATE REC'D. BY LOCAL REG.: Oct 14 1962

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 19[illegible]

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 Jack H Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.