

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39539

State File No.

Registrar's No. 75

FILED DEC 11 1952

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		State File No.		Registrar's No. 75			
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU							
b. CITY (If outside corporate limits, write RURAL and give township) (RURAL) WALKER		c. LENGTH OF STAY (In this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) (RURAL) WALKER		d. STREET ADDRESS (If rural, give location) CALIFORNIA MO					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) JEFFERSON DAVID WOOD			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH Nov 8 - 1952			4. DATE (Month) (Day) (Year)			5. SEX M			6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED			8. DATE OF BIRTH FEB. 12 - 1862			9. AGE (In years last birthday) 90 yrs			10. IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY OWN FARM			11. BIRTHPLACE (State or foreign country) MISSOURI 0			12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME ANDREW WOOD			13b. MOTHER'S MAIDEN NAME MARY THEODORE			14. NAME OF HUSBAND OR WIFE MATTIE 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. No			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman A Wood Booneville					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT-CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4500						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Walker (Rural) Moniteau Mo						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK () NOT WHILE AT WORK ()			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Aug. 3 , 19 51 , to Nov. 8 , 19 52 , that I last saw the deceased alive on Nov. 7 , 19 52 , and that death occurred at _____, from the causes and on the date stated above.											
23a. SIGNATURE (Death or title) L. J. Brown L.O.				23b. ADDRESS California, Mo				23c. DATE SIGNED 11/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-9-1952		24c. NAME OF CEMETERY OR CREMATORY GEYMAN MEMORIAL CEM NEAR CALIFORNIA MO			24d. LOCATION (City, town, or county) (State) California MO				
DATE REC'D BY LOCAL REG. 11/15/52		REGISTRAR'S SIGNATURE H. L. Poppey			25. FUNERAL DIRECTOR'S SIGNATURE Albert Hornbeck			ADDRESS Bairie Home Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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 this body is not embalmed, fact should be so stated above.