

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12743**  
Registrar's No. **36**

FILED APR 30 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046**

1. PLACE OF DEATH a. COUNTY <b>moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>moniteau</b>	
b. CITY OR TOWN <b>California mo</b>	c. LENGTH OF STAY (in this place) <b>18 mo</b>	c. CITY OR TOWN <b>California mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>California mo</b>		d. STREET ADDRESS <b>0681</b>	

3. NAME OF DECEASED (Type or Print) <b>matthe Jane Wood</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 14 - 1954</b>
--	------------	-------------	-----------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct 24 - 1864</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>20</b>	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	--	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
--	---	--	--

13a. FATHER'S NAME <b>Andrew Hornbeck</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wood</b>	14. NAME OF HUSBAND OR WIFE <b>J. D. Wood</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
---	--	-----------------------------------	---

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Jeese J. Wood California mo.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b>		
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 <b>4500</b>	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) <b>California Moniteau Mo</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from **April 2**, 19**54**, to **April 14**, 19**54**, that I last saw the deceased alive on **April 14**, 19**54**, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>H. J. Barina D.O.</b>	(Degree or title)	23b. ADDRESS <b>California, Mo</b>	23c. DATE SIGNED <b>4/16/54</b>
---	-------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL _____	24b. DATE <b>4/15-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Black Memorial Cem near California mo</b>	24d. LOCATION (City, town, or county) (State) _____
---------------------------------------	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>4-20-54</b>	REGISTRAR'S SIGNATURE <b>Albert Hornbeck Barina Home</b>	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____
---	--	--

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

MAY 18 1957

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 *G. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prasene Home*

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.