

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20074

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Johnson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Warrensburg Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Linn Township</u>	
c. LENGTH OF STAY (In this place) <u>Minutes</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Jamestown Mo. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERALD</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>WOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 16 - 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>6/27/37</u>	9. AGE (In years last birthday) <u>11 yrs.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John E. Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Margaret Rupe</u>	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>John E. Wood, Jamestown, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull, crushing injury of chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrown from farm wagon</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		702.1 <u>3</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at farm home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jamestown Moniteau Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 16 1949 1:00 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>thrown to ground when team ran away</u>
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2. I hereby certify that I attended the deceased from June 16, 1949, to June 16, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Latham M.D. coroner</u>	(Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>6-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moniteau County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 20, 1949</u>	REGISTRAR'S SIGNATURE <u>Sarahuel C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William ...</u>	ADDRESS <u>California, Mo.</u>
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500
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Reed Johnson Co. F.I.D.

JUN 27, 1949

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 *McFriedmeyer* _____

Licensed Embalmer No. *2854* _____

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 this body is not embalmed, fact should be so stated above.