

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22252

State File No.

FILED JUN 19 1953

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 8

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

80

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</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) <u>RURAL LINN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LINN</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>NEAR JAMESTOWN MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR JAMESTOWN MO.</u>			

3. NAME OF DECEASED (Type or Print) <u>MONTEVILLE</u>	a. (First)	b. (Middle)	c. (Last) <u>WOOD</u>	4. DATE OF DEATH <u>JUNE 13 1953</u>
--	------------	-------------	-----------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan 3 - 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------	------------------

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

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MARY JANE George</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ma Hattie Lee Berger</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET OF DISEASE AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis hypertensiva</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis hypertensiva</u> DUE TO (c) <u>Senile dementia</u>		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>6 mos.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
--	--	---

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 Feb 7, 1953, to June 13, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edgar A. Kibbs M.D.</u>	(Degree or title)	23b. ADDRESS <u>California Mo.</u>	23c. DATE SIGNED <u>6/15/53</u>
---	-------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. LION. C.E.M.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR JAMESTOWN MO.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 17-1953</u>	REGISTRAR'S SIGNATURE <u>Yada M. Snow</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ALBERT HORNBECK</u>	ADDRESS <u>BAIRIE HOME</u>
--	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

MO

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 to. Albert Hornbeck.

Licensed Embalmer No. 2714

P. O. Address Prairie Home, Ill

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.