

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

State File No. **17666**

No. 300
10-48
FILED JUN 9 1951

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **36**

0891

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) South Hill Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Hill Street			

3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) Selby c. (Last) Wood			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH March 3, 1866		9. AGE (In years last birthday) 85 If under 1 year: Months 2 Days 10 If under 12 hrs. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mining		11. BIRTHPLACE (State or foreign country) Hardin, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Selby Wood		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sarah Alice Wood	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jesse Frank Wood, Richmond, Mo	
ADDRESS Richmond, Mo					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		ANTECEDENT CAUSES Complication of fracture, simple, left humerus				12 weeks	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				3 weeks	
		DUE TO (b)				36 0	
		DUE TO (c) Unknown injury				23	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Year home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Ray Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 1 1951 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? No witnesses	

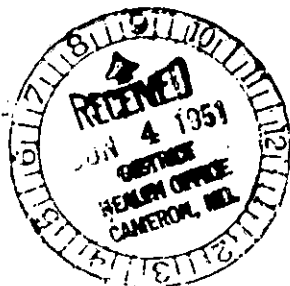
22. I hereby certify that I attended the deceased from **5/1 1951**, to **5/13 1951**, that I last saw the deceased **alive on 5/10 1951**, and that death occurred at **8:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. L. Draterson, M.D.		23b. ADDRESS Richmond, Mo		23c. DATE SIGNED 5/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
		24d. LOCATION (City, town, or county) (State) Richmond, Missouri			

DATE REC'D BY LOCAL REG. May 17, 1951		REGISTRAR'S SIGNATURE Malib Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Quest A. C. FUNERAL Home	
				ADDRESS Richmond, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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



Handwritten signature

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 *[Signature]*

Licensed Embalmer No. *41066*

P. O. Address *[Signature]*

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.