

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0016428

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 30127500

1. PLACE OF DEATH

a. COUNTY Moniteau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN California, Mo

Length of stay in lb  
Instant

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Moniteau

c. CITY  
OR  
TOWN California, Mo

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF DECEASED (If not in hospital, give location)  
City Limits Highway 87

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS Rt # 4

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
Maggie

Middle  
Mae

Last  
Wood

4. DATE  
OF  
DEATH

Month  
May

Day  
6

Year  
1965

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11/12/97

9. AGE (last birthday)  
67

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House Wife

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
Miller Co

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John C. Campbell

13b. MOTHER'S MAIDEN NAME

Ellen Shikles

14. NAME OF HUSBAND OR WIFE

Ely E. Wood-Deceased

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.  
496-40-7787B

17. INFORMANT  
Address  
Marie Wood- California, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushing injuries to head & chest

INTERVAL BETWEEN  
ONSET AND DEATH

Instant

DUE TO (b)

and to entire body.

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

2 cars collided head on.

20c. TIME OF  
INJURY  
5 Hour  
5-6-1965 p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Highway 87

20f. CITY, TOWN, OR LOCATION  
COUNTY  
STATE  
South City limits, California Moniteau Mo.

21. I attended the deceased from death when first seen and last saw her alive on  
Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Kenneth Latham M.D. Coroner

22b. ADDRESS

California, Mo.

22c. DATE SIGNED

5-7-65

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

5/8/65

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

California, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

5-8-65

26. REGISTRAR'S SIGNATURE

Helen L. Pappas

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59  
1 0681  
2 0681  
3  
4 1  
5 1  
6  
7 0  
8 2  
9 X  
10  
11 061  
12 91-3  
13 1-0

May 13 1965

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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