

FILED DEC 28 1948

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39933
258

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5512 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Telso Twp Henry Co</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Lector Mo</u> c. LENGTH OF STAY (in this place) <u>8 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry Co</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>12 yr Previous Lector Mo</u> d. STREET ADDRESS (If rural, give location) <u>Lector Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter Boyd Hoand</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 1948</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>Dec 22-1868</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>11</u>		11. DAYS <u>27</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Jefferson Co, Indiana</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Milton Hoand</u>				13b. MOTHER'S MAIDEN NAME <u>Mildred Robinson</u>			
14. NAME OF HUSBAND OR WIFE <u>Etha A. Pace</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. L. Hoand Lector Mo</u>			
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. <u>99</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis (Cerebral)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>Anemia (Secondary)</u> 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"/>			
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>12-1, 1948</u> to <u>12-19, 1948</u> , that I last saw the deceased alive on <u>12-1, 1948</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above. (1)			
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper MD</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>12-20-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Hickory Point</u>		24b. DATE <u>12-21-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Green Ridge Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-20-48</u>		REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Ream</u>		ADDRESS <u>Green Ridge Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 11-48-1482
Date Filed 12-27-48

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.

Signed L. L. Ramm

Signed _____
Student Embalmer

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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.