

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4547**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **202**

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

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar - Rural	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Route #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ormer b. (Middle) Austin c. (Last) Hood			4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 1949		
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5. SEX male ()		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married ()		8. DATE OF BIRTH Feb. 27, 1891		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Bolivar, Polk County, Mo. ()			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME William Thomas Hood			13b. MOTHER'S MAIDEN NAME Laura Bell Stewart			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) Yes World War I		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Pearl Hood		ADDRESS Bolivar, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. apparently severe brain damage. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Co. 91 100 27						INTERVAL BETWEEN ONSET AND DEATH _____	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) near home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Bolivar Polk Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 27 49 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Bolivar tree limb fell on him	
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22. I hereby certify that I attended the deceased from **2/27**, 19**49**, to **2/28**, 19**49**, that I last saw the deceased alive on **2/28**, 19**49** and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Robert Langston M.D.			23b. ADDRESS Springfield Mo			23c. DATE SIGNED 3/4/49		
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) Bolivar, Mo.	
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DATE REC'D BY LOCAL REG. 3/4/49		REGISTRAR'S SIGNATURE W. R. Standley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Turnin Funeral Home		ADDRESS Bolivar, Mo.	
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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

Charles E. Fox

Licensed Embalmer No. *4610*

P. O. Address

Orca, 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.