

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33565

State File No. \_\_\_\_\_

Registrar's No. 978

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Republic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Roscoe</u> b. (Middle) <u>Perry</u> c. (Last) <u>Hood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 8 1896</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stockman</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Republic Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>William E. Hood</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Truman Cheatham</u>		14. NAME OF HUSBAND OR WIFE <u>Lucile Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I (18 months)</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Bill Hood</u> ADDRESS <u>Republic 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis, Coronary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, Chronic</u>		
	DUE TO (c) <u>Coronary insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (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 OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	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 July, 1949, to Nov 7, 1949, that I last saw the deceased alive on Nov 7, 1949, and that death occurred at 5:20 P. M., from the causes and on the date stated above.

23. SIGNATURE <u>Newton Wakeman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>9 Nov 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 9 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>Republic Mo.</u>		

DATE REC'D BY LOCAL REG. <u>11-12-49</u>	REGISTRAR'S SIGNATURE <u>W. Standley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. E. Thurman</u> ADDRESS <u>Republic, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 14 1948

DEC 29 1953

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, as by

E. M. Thurman

Licensed

Student Embalmer No.

3687

working under my personal supervision.

Signed

R. E. Thurman

Signed .....

Student Embalmer

Licensed Embalmer No.

503

P. O. Address

Palmdale 476

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.