

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41443

State File No. _____

FILED JAN 16 1950

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>235</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carterville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>320 E. Daugherty St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>		b. (Middle) <u>BELL</u>		c. (Last) <u>HOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25, 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 14, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (State or foreign country) <u>Thayer, Kansas</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Loren Copeland</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Davis</u>			14. NAME OF HUSBAND OR WIFE <u>J. I. Hood</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 AND NAME AND ADDRESS <u>J. I. Hood, 320 E. Daugherty, Carterville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis with stones</u> DUE TO (c) <u>Common Bile Duct obstruction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>indefinite</u> <u>14 days</u> <u>58 h</u>	
19a. DATE OF OPERATION <u>12-19-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of liver</u> <u>Obstruction of Common Bile Duct with Stone</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) (m.) <u>none</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 <u>Feb. 1, 1946</u> , to <u>Dec 25, 1949</u> , that I last saw the deceased alive on <u>Dec 20, 1949</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>				23b. ADDRESS <u>Cartilage Mo</u>		23c. DATE SIGNED <u>12/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carterville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 28, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton m.d.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Johnston-Arnice-Simpson, Webb City, Mo.</u>			

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

49

3

11
b
0

Per. n. T. Guzman

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-9-50

Jasper County Health Office

County File Number 49-12-993

Date Filed 1-11-50

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 Harvey E. Arnce

Licensed Embalmer No. 4463

P. O. Address Walt City

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.