

No. 300  
10. 48

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23595

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5<sup>th</sup> 8<sup>th</sup> 5<sup>th</sup> Registrar's No. 22

5550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton R.R. Ozark</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton R.R. Ozark</u>		d. STREET ADDRESS (If rural, give location) <u>0550 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Marion</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Hood</u>	(Month) <u>6</u>	(Day) <u>12</u>	(Year) <u>1951</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>11-9-1881</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
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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 <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. J. Hood</u>	13b. MOTHER'S MAIDEN NAME <u>Susah Piper</u>	14. NAME OF HUSBAND OR WIFE <u>Tressie Hood</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tressie Hood</u>	ADDRESS <u>Everton Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		
	DUE TO (c) <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 6/12, 1951, that I last saw the deceased alive on 4-15, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. L. Stegwe</u>	23b. ADDRESS <u>Asht Grove, Mo.</u>	23c. DATE SIGNED <u>6/14/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Scymore</u>	24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-10-51</u>	REGISTRAR'S SIGNATURE <u>M. S. Bussing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Leiman</u>	ADDRESS <u>Miller Mo.</u>
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 25 1951

Dist. File 227-1380

Date Filed 2-26-51

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21420  
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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 Ch. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.