

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <i>Chariton - Painesville Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Chariton</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Painesville Mo</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Painesville Mo</i>	
c. LENGTH OF STAY (In this place) <i>5 years</i>		d. STREET ADDRESS (If rural, give location) <i>Chariton Co, Mo, R.R. 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Prairie Hill - Mo -</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>WILLIAM</i>	b. (Middle) <i>AARON</i>	c. (Last) <i>HOOD</i>	4. DATE OF DEATH (Month) (Day) (Year)	<i>9 17 - 1951</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4/15-1869</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired FARMER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Douglas Co Ill</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Wm Hood</i>	13b. MOTHER'S MAIDEN NAME <i>Hunt Shaw</i>	14. NAME OF HUSBAND OR WIFE <i>Nellie Hood</i>
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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)	16. SOCIAL SECURITY NO. <i>2</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Nellie Hood</i>	ADDRESS <i>Prairie Hill</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		MEDICAL CERTIFICATION <i>Cerebral Hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES			
	DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Senility</i>			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *9-12-51* to *9-17-51*, 19*51*, that I last saw the deceased alive on *9-17-51*, 19*51*, and that death occurred at *5:10 P.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. O. Noel Rains</i>	23b. ADDRESS <i>Clifton Hill, Mo.</i>	23c. DATE SIGNED <i>9-18-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>9/19-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Clifton Hill Mo</i>	24d. LOCATION (City, town, or county) (State) <i>Clifton Hill Painesville Mo</i>
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DATE REC'D BY LOCAL REG. <i>9/18/51</i>	REGISTRAR'S SIGNATURE <i>D. O. Noel Rains</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Fred G. Thompson</i>	ADDRESS <i>Madison Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

021

Best result

Date Received: OCT 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1734
Date Filed: OCT 2 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Fred A. Johnson*

Signed.....
Student Embalmer

Licensed Embalmer No. *1420*

P. O. Address *Madison, 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.