

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33287

State File No. _____

FILED NOV 6 1951

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5452 Registrar's No. 34

390
3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>GREENE</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>ASH GROVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EVERTON</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES WEST OF ASH GROVE</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUBY</u>	b. (Middle)	c. (Last) <u>HOOD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 29 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>DEC 8, 1893</u>	9. AGE (In years last birthday) <u>57</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 Hrs.	if UNDER 1 Mins.
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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>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>SOUTH GREENFIELD, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>WILLIAM HUDSPETH</u>	13b. MOTHER'S MAIDEN NAME <u>MYRTLE HIXON</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM ALFRED 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>W. A. Hood - Everton, Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u> <u>EXTERNAL INJURIES</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>COMPRESS. FRACT OF LEFT FEMUR</u> <u>PROTRUSION OF RN KNEE</u> DUE TO (c) <u>CRUSHED CHEST</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E 8161</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>D39</u> <u>26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ASH GROVE GREENE MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-29-51 12:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HIGHWAY. HEAD ON COLLISION OF CAR/TRUCK</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 10-29, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. F. Starned Do 2</u>	23b. ADDRESS <u>Ash Grove Mo</u>	23c. DATE SIGNED <u>11-1-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ray Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Everton R.R. # 2 Mo</u>
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DATE REC'D BY LOCAL REG. <u>11/1/51</u>	REGISTRAR'S SIGNATURE <u>Orville C. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Ash Grove Mo</u>	ADDRESS
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RECEIVED

County Health Office,
Com. No. Number 51-11-62
Date Filed 11-3-51

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 Doyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address Ash Grove Road

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.