

STANDARD CERTIFICATE OF DEATH

38425

State File No.

FILED DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humanville</u>		c. LENGTH OF STAY (If this place) <u>14 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play</u>		0843
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>George Demmitt Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>North East Part of Fair Play</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u>		b. (Middle) <u>Paralle</u>	c. (Last) <u>Hoodenpile</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1951</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>Aug. 2, 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days <u>1</u> <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Cyrus Hackett</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda McCants</u>		14. NAME OF HUSBAND OR WIFE <u>Julius Hoodenpile</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Julius Hoodenpile</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Humanville</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>Sept 12</u> , 19 <u>51</u> , to <u>Sept 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 12</u> , 19 <u>51</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ralph McCants</u>			(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Humanville, Mo.</u>	23c. DATE SIGNED <u>Sept 12, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept. 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarend Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fair Play, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Barker</u>	ADDRESS <u>Cravin & Blue, Fair Play, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED NOV 27 1951

Dist. File 1151-2075

11-27-51

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 Willard B. Emswiler

Licensed Embalmer No. 3092

P. O. Address Bellevue, 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.