No. 300
10-48

LED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28517

State File No. [illegible]

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 135

490
1

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

1. PLACE OF DEATH
a. COUNTY Jasper.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carterville. Mo.
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home. 220 N. Pine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carterville, Mo. 0490
d. STREET ADDRESS (If rural, give location) 220 N. Pine St.

3. NAME OF DECEASED (Type or Print) a. (First) Floyd b. (Middle) c. (Last) Hood

4. DATE OF DEATH (Month) (Day) (Year) Aug. 30. 1952

5. SEX Male 0
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married. 0
8. DATE OF BIRTH Nov. 15. 1896
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Merchant.
11. BIRTHPLACE (State or foreign country) Greenfield, Mo. 0
12. CITIZEN OF WHAT COUNTRY? America. U.S.

13a. FATHER'S NAME William Hood.
13b. MOTHER'S MAIDEN NAME Sina Hood.
14. NAME OF HUSBAND OR WIFE None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Mrs. William Hood. ADDRESS Carterville, Mo.

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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 12 Hrs.
DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/29, 1952, *to* 8/30, 1952, *that I last saw the deceased alive on* 8/30, 1952, *and that death occurred at* 8: A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) D.O.
23b. ADDRESS Alba, Mo.
23c. DATE SIGNED 9/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal. 4
24b. DATE Aug. 30.1952.
24c. NAME OF CEMETERY, OR CREMATORY. Carterville Cem.
24d. LOCATION (City, town, or county) Carterville (State) Mo.

DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE Robeson-Hunter-Kicker ADDRESS Okla
(Licensed Embalmer's Statement on Reverse Side) [signature]

RECEIVED 9-8-52
Jasper County Health Office

County File Number 52/9/686

Date Filed 9-8-52

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 Robinson-Hunter working under my personal supervision.

Student Embalmer No.....

Signed Irene L. Robinson

Licensed Embalmer No. 1289

P. O. Address Tulsa, Okla

Signed.....
Student Embalmer

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.