

# STANDARD CERTIFICATE OF DEATH

State File No. **6566**

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 21

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> c. LENGTH OF STAY (in this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0490</u> d. STREET ADDRESS (Rural, give location) <u>Rt # Jasper</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>JOHN</u> b. (Middle) <u>IVAN</u> c. (Last) <u>HOOD</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 5, 1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED;</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 26, 1884</u>	<b>9. AGE</b> (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	IF UNDER 18 HRS. Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>James Hood</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Alice Ridge</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Alice Bell Hood (deceased)</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Loren I. Hood Rt 2 Jasper, Mo.</u>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Thrombosis - Superior Mesenteric Artery with</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>gangrene of 3/4 small intestine (c) peritonitis.</u> DUE TO (c) <u>none</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 wk</u>
<b>19a. DATE OF OPERATION</b> <u>NO</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>5702</u>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>None</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____	

**22. I hereby certify that I attended the deceased from Feb 4, 1953, to Feb 5, 1953, that I last saw the deceased alive on Feb 5, 1953, and that death occurred at 10:25 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE:</b> (Degree or title) <u>George H. Wood M.D.</u>		<b>23b. ADDRESS</b> <u>Carthage Mo.</u>		<b>23c. DATE SIGNED</b> <u>2/6/53</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Feb. 8, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Carterville Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Carterville, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2-6-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>L.B. Clutter</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Hedge Lewis Webb City, Mo.</u>		

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

RECEIVED 2/12/53  
Jasper County Health Office

County File Number 150

Date Filed 2/13

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 Richard Gray Lewis

Licensed Embalmer No. 4485

P. O. Address Webb City 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.