

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30718

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 6081 Registrar's No. 56

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

1. PLACE OF DEATH a. COUNTY <u>Ste. Genieve</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genieve</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. LENGTH OF STAY (in this place) <u>60</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		0950
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None Farmington Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Route None Farmington Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Hood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22 1953</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>Dec 15 1867</u>	9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flat River, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alfred Smart</u>		13b. MOTHER'S MAIDEN NAME <u>Tina Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Jasper Hood</u>		
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>Jasper Hood</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullar Failure of Embolic Encephalopathy 3 day</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>Embolic myocardial infarction & intra-cerebral thromboses</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>years</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT 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>Aug 1</u> , 1953, to <u>August 27, 1953</u> , that I last saw the deceased alive on <u>Aug 22</u> , 1953, and that death occurred at <u>8:00 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul Edgar</u>		(Degree or title) <u>2 do.</u>	23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>9-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 24</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Genevieve</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Farmington Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Kenneth Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozcan Farmington Mo</u>		

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 _____

C. Cozeman
Licensed Embalmer No. *4084*

P. O. Address *Hamington, Md.*

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.