

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

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

FILED OCT 6 1953

State File No. **32144**
Registrar's No. **442**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Joplin</u> c. LENGTH OF STAY (In this place) <u>25 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. John's Hospital Joplin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>1209 Iowa</u>	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ida</u>	b. (Middle) <u>V.</u>	c. (Last) <u>Hood</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9-9th 1953</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-10-1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	<input checked="" type="checkbox"/>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---------------------------------------------------------------------------------------------	----------------------------------------------------	-----------------------------------------------------------	-------------------------------------	------------------------------------------

13a. FATHER'S NAME <u>Sig Sigman</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Kirrinn</u>	14. NAME OF HUSBAND OR WIFE
--------------------------------------	-----------------------------------------------	-----------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Ludwig</u> ADDRESS <u>1201 Central</u>
--------------------------------------------------------------------------------------------------------------------	-------------------------	------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Ca. of esophagus</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Primary Ca. of Thyroid</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Severe malnutrition</u>		<u>3 mos.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<u>194 X</u>

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) (Min.)	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 May 14, 1948, to Sept 9, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 6:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Date of title) <u>[Signature]</u>	23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u>	23c. DATE SIGNED <u>9-28-53</u>
---------------------------------------------------	---------------------------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>9-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Galena, Kansas.</u>
--------------------------------------------------------	--------------------------	-------------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>9-29-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>
-----------------------------------------	------------------------------------------	----------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 5 1953

Jasper County Health Office

County File Number 53-9-~~1456~~ 806

Date Filed OCT 5 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.