

# STANDARD CERTIFICATE OF DEATH

38867

State File No.

FILED NOV 30 1953

BIRTH NO.

REG. DIST. NO.

137

PRIMARY REG. DIST. NO.

3023

Registrar's No.

242

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>HENRY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		d. STREET ADDRESS (If rural, give location) <b>210 1/2 Washington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>210 1/2 Washington</b>				d. STREET ADDRESS (If rural, give location) <b>210 1/2 Washington</b>			
3. NAME OF DECEASED (First) <b>ROBERT</b> (Middle) <b>SPENCER</b> (Last) <b>HOOD</b>				4. DATE OF DEATH (Month) <b>May</b> (Day) <b>25</b> (Year) <b>1953</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>9/16/1872</b>	
9. AGE (In years last birthday) <b>81</b>		10. MONTHS <b>2</b>		11. YEARS <b>2</b>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <b>CHILLICOTHE MO.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>WM SPENCER HOOD</b>				13b. MOTHER'S MAIDEN NAME <b>Jessie Beasley</b>			
14. NAME OF HUSBAND OR WIFE <b>JOSIE HOOD</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. <b>489-30-4608</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>A J HOOD</b>				ADDRESS <b>Clinton</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary emboli</b>				INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension - with cerebral hemorrhage</b>				2 yr.			
DUE TO (c)							
11. 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			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				331X			
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>DOA</b> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. Powell Do (coroner)</b>				23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>11-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Warrensburg</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg Mo</b>	
DATE REC'D BY LOCAL REG <b>Nov-26-53</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>J E Connelley</b>		ADDRESS <b>Clinton Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*J. E. Conzalez*

Licensed Embalmer No. *1891*

P. O. Address *Clinton 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.