

# STANDARD CERTIFICATE OF DEATH

State File No. **1620**

FILED FEB 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 8026 Registrar's No. 41

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>118 N. Huttig</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Foster</u>		b. (Middle) <u>W.</u>	
c. (Last) <u>Hood</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 29, 1954</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>married</u>		<b>8. DATE OF BIRTH</b> <u>Oct. 27, 1905</u>	
<b>9. AGE</b> (In years) (Month) (Days) (Hours) (Mins.) <u>48</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Manager</u>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Auto dealer</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Jackson County, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Patrick T. Hood</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rhoda A. Foster</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Erma Hood</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>490 09 1757</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Erma Hood, Kansas City, Mo.</u>		<b>17. ADDRESS</b> <u>Mrs. Erma Hood, Kansas City, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary sclerosis</u> <u>Had a coronary thrombosis</u> DUE TO (c) <u>in Sept 1949 - died hospital</u> <u>aged 2 or 3 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION.</b> <u>4201</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<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) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>1-29-</u> <u>1954</u> , <b>to</b> <u>1-29-</u> <u>1954</u> , <b>that I last saw the deceased alive on</b> <u>1-29-</u> <u>1954</u> , <b>and that death occurred at</b> <u>7 A</u> <b>m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>E. H. Allen M.D.</u>		<b>23b. ADDRESS</b> <u>Independence, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>1-29-54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>2/1/54</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Woodlawn Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Independence, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>1-31-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	
<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300  
10-48

**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 Larissa C. Brown

Licensed Embalmer No. 4794

P. O. Address Independence

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.