

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDr. Shir, 19837  
State File No.BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 1005

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>701 N. Third St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 N. Third St.</u>			

3. NAME OF DECEASED (Type or Print) <u>William Pressley Hood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1954</u>		
5. SEX <u>M</u>			6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>March 7, 1876</u>		
9. AGE (In years last birthday) <u>78</u>			10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>27</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Obion Co., Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joe Hood</u>		13b. MOTHER'S MAIDEN NAME <u>Betty (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Sharp Hood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no (if known) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Cora Hood - 701 N 3rd Hayti, Mo.</u>	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gas. Emphysema of throat</u>						<u>2 or 3 yrs.</u>
ANTECEDENT CAUSES			DUE TO (b) <u>Arteriosclerosis</u>			<u>2 yrs.</u>
Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.			DUE TO (c) <u>Quinquevovirus</u>			<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Quinquevovirus</u>			<u>1 yr.</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>148x</u>		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)	
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 6-4-1954 to 6-4-1954 that I last saw the deceased alive on 6-4-1954 and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Shir</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hayti Mo.</u>		23c. DATE SIGNED <u>6-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H. H. Howard, Peachville, Ark.</u>			
DATE REC'D BY LOCAL REG. <u>6-15-54</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u> 406-C			

(Licensed Embalmer's Statement on Reverse Side)

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

6-141-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUN 25 1954

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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.....

*H. H. Howard*

Licensed Embalmer No. ....

*3959*

P. O. Address.....

*Leachville, 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.