

FILED AUG 25 1954

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>Week</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>	
		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Orpha</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Hood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1954</u>
-------------------------------------	-------------------------	-------------------------	-----------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 12, 1870</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR <u>8</u> Months <u>7</u> Days	11. UNDER 1 MTH. <u>Hours</u> <u>Mins.</u>
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>William Thomas Chaney</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Winifred Scott Hood</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ivy Wilson, Adrian Mo.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia with</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>meningitis complicating</u>		
	DUE TO (c) <u>following amputation of gas pressure foot</u>		
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 <u>455X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Aug. 9, 1954, to Aug. 18, 1954, that I last saw the deceased alive on Aug. 17, 1954, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>E. E. Robinson M.D.</u>	(Degree or title) _____	22b. ADDRESS <u>Adrian, Mo</u>	22c. DATE SIGNED <u>8-20-54</u>
---	-------------------------	--------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-20-54</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Aug. 20-54</u>	REGISTRAR'S SIGNATURE <u>Rendall Kersh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Big Funeral Service</u>	ADDRESS <u>Adrian 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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.