

FILED OCT 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34779

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Remiscott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Remiscott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> STAY <input type="checkbox"/> VISIT	c. CITY OR TOWN <u>Hayti</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Remiscott Mem. Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>078/0</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doyle</u> b. (Middle) _____ c. (Last) <u>Hood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 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>JAN 26</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>William Hood</u>		13b. MOTHER'S MAIDEN NAME <u>Cara Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>ola Hood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ola Hood</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure - generalized anoxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____		
II. 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>4-200</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 9-12, 1957, to 9-13, 1957, that I last saw the deceased alive on 9-13, 1957, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.D. Kaiser</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>10-16-54</u>	
24a. FUNERAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 15, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>		24f. ADDRESS <u>404 Howard St. South, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-16-54</u>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

1810

10-239-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

10-26-54

OCT 26

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.....
Signature of Student Embalmer

Signed.....
Edwin L. ...

Licensed Embalmer No. 48

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.