

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19264**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY OR TOWN Lexington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 yrs.		e. STREET ADDRESS (If rural, give location) 778 Highland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 778 Highland Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) Hood c. (Last) Hood			4. DATE OF DEATH (Month) (Day) (Year) May 24 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 21, 1893		9. AGE (In years last birthday) 61 <input type="checkbox"/> UNDER 1 YEAR 9 <input type="checkbox"/> UNDER 1 MONTH 3 <input type="checkbox"/> UNDER 1 HOUR 0 <input type="checkbox"/> UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Norborne, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George M. Long		13b. MOTHER'S MAIDEN NAME Caroline Mark		14. NAME OF HUSBAND OR WIFE Joseph R. Hood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.R. Hood, Lexington, Missouri.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by gunshot INTERVAL BETWEEN ONSET AND DEATH immediate ANCECEDENT CAUSES wounded entry at temple DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS E976X Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lexington Lafayette Mo	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 24-55 10:20 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? by gunshot	
22. I hereby certify that I attended the deceased from after death, 1955, to 5-24 , 19 55 , that I last saw the deceased alive on _____, 19____, and that death occurred at 10:20 a.m. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) W.E. Merten, M.D. Coron			23b. ADDRESS Odesia Mo		23c. DATE SIGNED 5-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 27 1955	24c. NAME OF CEMETERY OR CREMATORY Machpelah		24d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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DATE REC'D BY LOCAL REG. 6-3-55		REGISTRAR'S SIGNATURE Wm. E. East		FUNERAL DIRECTOR'S SIGNATURE ADDRESS James J. Tempel Lexington, Missouri	
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(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.....
Signature of Student Embalmer

Signed..... *Geo. W. Keane*

Licensed Embalmer No. *29*

P. O. Address *Delmont, Pa.*

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.