

FILED DEC 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37731**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **205**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (in this place) 1 month	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) CASPER	a. (First)	b. (Middle)	c. (Last) HOOD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1875	9. AGE (In years last birthday) Months Days Hours Min. 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and State or Foreign Country) Sainte Franois County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Washington Hood	13b. MOTHER'S MAIDEN NAME Sarah Walker	14. NAME OF HUSBAND OR WIFE Mattie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Hood
		ADDRESS Birchtree, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Psychosis, senile		INTERVAL BETWEEN ONSET AND DEATH ?
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 304x		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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) m.	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 **Oct 29, 1955**, to **Nov 20, 1955**, that I last saw the deceased alive on **Oct 29, 1955**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James M. Myers	(Degree or title) M.D.	23b. ADDRESS Rolla, Mo	23c. DATE SIGNED 11/22/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Forest Cemetery	24d. LOCATION (City, town, or county) (State) Birch Tree, Missouri
DATE REC'D BY LOCAL REG. Nov. 22, 1955	REGISTRAR'S SIGNATURE Nadene L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Hull	ADDRESS Rolla Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

Phelps County Health Officer.

County File Number 270

Date Filed NOV 3 0 1955

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..... *Paul E. Nul*

Licensed Embalmer No....*447*

P. O. Address..... *Roller*

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.