

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27885

State File No.

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>5975</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural McKinley Twp/</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rural Bolivar, Mo.</u>		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 <u>8 Mi. N.E. of Bolivar</u>				STREET ADDRESS (If rural, give location) <u>8 Mi. N.E. of Bolivar</u> <u>0840</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		a. (First)		b. (Middle)		c. (Last) <u>Hood</u>	
4. DATE OF DEATH <u>August 30, 1956</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 27, 1869</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry G. Fellers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>John L. Hood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John L. Hood, Bolivar, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>442X</u> 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) (Min.)		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 <u>7/4</u> , 19 <u>55</u> , to <u>8-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/25</u> , 19 <u>56</u> , and that death occurred at <u>5:30am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Doyle C McCraw MD</u>		23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED <u>9-1-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Polk, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 5, 1956</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Erwin and Blue, Bolivar, Mo.</u>			

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

Licensed Embalmer's Statement on Reverse Side)

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 *Willard B. Evers*

Licensed Embalmer No. *3092*

P. O. Address *Salisbury, Md.*

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 was not embalmed, fact should be so stated above.