

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035349

XC-210418

REG. NO. A1498 FILED VS NOV 30 1959

500

STATE FILE NUMBER

Registration District No. 45

Primary Registration District No. 3007

Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	
Length of stay in 1b 36 Years 12 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If outside, give location) 304 North "E" Street	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SAMUEL Middle (NONE) Last HOOD			4. DATE OF DEATH Month OCTOBER Day 20 Year 1959			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-4-93	9. AGE (last birthday) 65	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Bethany, Alabama		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Hood		13b. MOTHER'S MAIDEN NAME Nancy Miller		14. NAME OF HUSBAND OR WIFE Willie Mae Hood		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes NWI		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address VA Hospital Records	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE FROM LIVER DUE TO NEEDLE PUNCTURE WOUNDS (3) AND HEMORRHAGIC DIATHESIS, INCIDENT TO ANTI COAGULANT THERAPY.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) PNEUMONIA, RIGHT LOWER LOBE DUE TO INFECTION RIGHT THIGH WITH VENOUS THROMBOSIS AND MULTIPLE INFECTED EMBOLI TO LUNGS, NECK, AND RIGHT ARM.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. PERICARDITIS, OLD, ADHESIVE.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from October 8, 1959 to October 20, 1959
Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ERNEST M. TAPP, M.D., Director, Prof. Svcs. VA HOSPITAL, POPLAR BLUFF, MO.	22b. ADDRESS	22c. DATE SIGNED 10/21/59
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-26-59	23c. NAME OF CEMETERY OR CREMATORY City Cem.	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 10/28/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 25 1959

STATEMENT BY LICENSED EMBALMER

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 Charles E. Mungy

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.