

FILED APR 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12729

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5509 Registrar's No. 105

0420

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Deer Creek Twp</u>		c. LENGTH OF STAY (in this place) <u>45 Y + 8</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Deer Creek Twp 0420</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. E. of Clinton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Mi. E. of Clinton</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle)		c. (Last) <u>Hood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-29-1870</u>		9. AGE (in years last birthday) <u>79</u> if UNDER 1 YEAR: Months Days if UNDER 12 HRS.: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bates Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Griggs</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Powell</u>		14. NAME OF HUSBAND <u>John C. Hood</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Faye Bonnewitz</u> ADDRESS <u>Clinton 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<u>Coronary thrombosis</u>				<u>2 1/2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Heart block - arterio-sclerotic origin</u>				<u>3 1/2 weeks</u>	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>none</u>				<u>4201</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>Dec 19, 1949</u> , to <u>April 8, 1950</u> , that I last saw the deceased alive on <u>Feb 16, 1950</u> , and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>S. B. Hughes, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>4/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conglewood cem</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 5-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Adair</u>		ADDRESS <u>Clinton, Mo</u>			

APR 22 1950

RECEIVED

District Health Officer No. 71

District File Number 5-50-406

Date Filed 4-21-50

MAY 2 1950

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton Mo.

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 this body is not embalmed, fact should be so stated above.