

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY HENRY

2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission).
a. STATE MO b. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton c. LENGTH OF STAY (in this place) 35 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0422

d. FULL NAME OF HOSPITAL OR INSTITUTION 606 EAST OHIO ST d. STREET ADDRESS (If rural, give location) 606 E Ohio St

3. NAME OF DECEASED (Type or Print)
a. (First) LAURA b. (Middle) ELLA c. (Last) HOOD

4. DATE OF DEATH (Month) (Day) (Year) MAR 1952

5. SEX Fem 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 6/26/1882 9. AGE (In years last birthday) 69 10. IF UNDER 1 YEAR Months 8 11. IF UNDER 24 HRS. Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) CHILLICOTHE MO 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John LIKE 13b. MOTHER'S MAIDEN NAME LOVIE PARKER 14. NAME OF HUSBAND OR WIFE W J HOOD

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. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs Maxey Biggs ADDRESS Clinton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS
ANTECEDENT CAUSES _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
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 3 DAYS

19a. -DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Clinton MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1949, to Mar., 1952, that I last saw the deceased alive on 5 Mar., 1952, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD. 23b. ADDRESS Clinton, Mo 23c. DATE SIGNED 7 Mar. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/9/52 24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD 24d. LOCATION (City, town, or county) (State) Clinton MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Mar 9 1952 Florence Odav 422 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J J Cousleus Clinton MO

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

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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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, Missouri

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.