

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21433

State File No.

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| BIRTH NO. | | REG. DIST. NO. <u>224</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>248</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. LENGTH OF STAY (In this place) <u>92 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>619 West 2nd. St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>619 West 2nd. St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> | | b. (Middle) <u>LEE</u> | | c. (Last) <u>HOOD</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1956</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>July 20, 1862</u> | |
| 9. AGE (In years last birthday) <u>93</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 1 MRS. Hours _____ Min. _____ | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 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 <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Joseph Craig</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry T. Hood (dec.)</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>Miss Birdie Hood, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>A cute Suppression of Urine.</u> 21. hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio- Vascular Disease Over 2 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility. Over 3 years.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>None. Medical only.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</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) <u>None.</u> | | 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>Over 3 yrs.</u> , to <u>June 10th, 1956</u> that I last saw the deceased alive on <u>June 19th, 1956</u> , and that death occurred at <u>9.15 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> | | | | 23b. ADDRESS <u>Sedalia, Missouri.</u> | | | |
| 23c. DATE SIGNED <u>6-20-56</u> | | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/21/1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pettis County, Missouri</u> | |
| DATE REC'D BY LOCAL REG <u>6-20-56</u> | | REGISTRAR'S SIGNATURE <u>Harvina Coontz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Keckhart</u> | | ADDRESS <u>Sedalia, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.