0.300
0.45

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

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23657

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Twp.
c. LENGTH OF STAY (In this place): 12yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Her Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Twp.
d. STREET ADDRESS (If rural, give location): Vienna, Mo.

0630
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3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) Marie c. (Last) Hood

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 23, 1855
9. AGE (In years last birthday): 98 — If under 1 year: Months 9 Days 16 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (City and State or Foreign Country): Ewtau Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frances Hill
13b. MOTHER'S MAIDEN NAME: Feba McDaniel
14. NAME OF HUSBAND OR WIFE: William Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Lee Rothwell, Vienna, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 794X
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)
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* 1-31-46, 19___, *to* 7-5-54, 19___, *that I last saw the deceased alive on* 7-5-54, 19___, *and that death occurred at* 4:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Lewis (Degree or title) D.O.
23b. ADDRESS: Vienna, Missouri
23c. DATE SIGNED: 7-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/11/54
24c. NAME OF CEMETERY OR CREMATORY: Vienna Cemetery
24d. LOCATION (City, town, or county) (State): Vienna, Mo.

DATE REC'D BY LOCAL REG. 7-12-54
REGISTRAR'S SIGNATURE: Pauline Howard
25. FUNERAL DIRECTOR'S SIGNATURE: M O Cunningham
ADDRESS: Vienna, Mo

(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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3664

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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