

FILED JAN 17 1972

CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 3022 Registrar's No. 72 002739

DO NOT WRITE ON THIS STUB

9. 0

10a. 76

10b.

11. 0

12. 1

13. 2509

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/70

4. 0808

5. 01

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0808

PARENTS

CAUSE

CERTIFIER

BURIAL

| | | | |
|--|--|---|--|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. FORREST E. HOOD | | 2. male | 3. January 10, 1972 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. |
| 4. White | 5a. 76 | 5b. | 5c. |
| CITY, TOWN, OR LOCATION OF DEATH | | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH |
| 7a. Sedalia | | 6. 3-25-1895 | 7a. Pettis |
| INSIDE CITY LIMITS (SPECIFY YES OR NO) | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| 7b. Yes | | 7a. Bothwell Hospital | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 8. Missouri | 9. USA | 10. Married | 11. Susie Mae Talley |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | KIND OF BUSINESS OR INDUSTRY | |
| 12. Not Giben | 13a. Clerk | 13b. Railroad Shops | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | INSIDE CITY LIMITS (SPECIFY YES OR NO) |
| 14a. Missouri | 14b. Pettis | 14c. Sedalia | 14d. Yes |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| 15. Henry T. Hood | | 16. Emma Craig | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 17a. Mrs. Forrest E. Hood | | 17b. 615 W. 2nd St., Sedalia, Mo. 65301 | |
| PART I. DEATH WAS CAUSED BY: | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE | | | |
| (a) Cerebral hemorrhage | | | 4 days |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (b) Diabetes | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | AUTOPSY (YES OR NO) |
| Fracture of hip Jan. 2, 1972 | | | 17a. NO |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH | | | 17b. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |
| 20a. | 20b. | 20c. | 20d. |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS |
| 20a. | 20b. | 20c. | 20d. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK |
| CERTIFICATION—PHYSICIAN: | MONTH DAY YEAR | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR |
| 21a. I ATTENDED THE DECEASED FROM | 21b. More than 12 years | 21c. 1 10 72 | 21d. did |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | HOUR OF DEATH | THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 22a. | 22b. | 22c. | 22d. |
| CERTIFIER—NAME (TYPE OR PRINT) | SIGNATURE | DEGREE OR TITLE | DATE SIGNED (MONTH, DAY, YEAR) |
| 23a. A.L. Walter, M.D. | 23b. <i>A.L. Walter</i> | 23c. M.D. | 23d. Jan. 11, 1972 |
| MAILING ADDRESS OF CERTIFIER | STREET OR R.F.D. NO. | CITY OR TOWN | STATE ZIP |
| 23a. 500 West 16th St. | 23b. | 23c. Sedalia, Mo. | 23d. 65301 |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | LOCATION | CITY OR TOWN STATE |
| 24a. Burial | 24b. Hopewell Cemetery | 24c. Pettis County, Missouri | |
| DATE (MONTH, DAY, YEAR) | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| 24d. Jan. 12, 1972 | 24a. Heckart-Gillespie, 903 S. Ohio, Sedalia, Mo. 65301 | | |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |
| 25a. <i>Heckart</i> | 25b. <i>Francis Shelby by Keith Cole</i> | 25c. Jan 12, 1972 | |

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JAN 20 1978

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 _____
Signature of Student Embalmer

Signed Charles Dean Allen

Licensed Embalmer No. 5238

P. O. Address Sedalia

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.