

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

27042  
Do not use this space.

**50** AUG 19 1939

1. PLACE OF DEATH 2

(a) County Sullivan Registration District No. 853

(b) Township Calmar Primary Registration District No. 4519 Registered No. 15

(c) City Newtown (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Charles Thomas Hooten

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Hooten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 15 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald County, Ill.

FATHER

13. NAME Thomas Hooten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Lucinda White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fannie Hooten (ADDRESS) Newtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown Mo DATE July 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Judd and Payne Newtown

20. FILED July 26, 1939 Mrs. Ruth Tucker (Address) Newtown, Mo.  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 30, 1939 to July 24, 1939

I last saw him alive on July 20, 1939. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Cerebral Hemorrhage

Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify \_\_\_\_\_  
(Signed) W. P. Dale, M.D. M.D.  
(Address) Newtown, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**