

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1947

Registration District No. **2**

Primary Registration District No. **3005**

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

**1. PLACE OF DEATH:**

(a) County Bates

(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 0  
(Specify whether)

In this community All of Life  
years, months or days

**3. (a) PRINT FULL NAME** PAULINE CARROLL HOOPER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Forrest L. Hooper 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May 17, 1917  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>4</u>	<u>13</u>	hr. _____ min.

9. Birthplace Bates Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Beauty Operator

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Grover Carroll

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Walker

15. Birthplace Bates Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest L. Hooper

(b) Address Butler, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 10-2-47 (Date received local registrar) (b) Richard K. Perry (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Bates

(c) City or town Butler  
(If outside city or town limits, write "RURAL")

(d) Street No. 18 South Delaware St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 30  
year 1947 hour 6:01 minute AM M.

21. I hereby certify that I attended the deceased from Sept 27, 1947 to Sept 30, 1947  
that I last saw her alive on Sept 30, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Stroke

Due to \_\_\_\_\_  
Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
T. H. H. C.  
Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Charles W. Butler (M. D. or other) M.D.  
Address Butler, Missouri Date signed 10/1/47

Date Filed 11-19-47  
District File Number Lo. 47-1325  
District Health Officer No. 7  
RECEIVED

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.....

Samuel H. Reek:

Registered Apprentice No. 471

working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.