

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11182

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. CITY (If outside corporate limits, write RURAL and give township) 0	
c. LENGTH OF STAY (in this place) 1 day + 15 hrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Delta Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Hoots			4. DATE OF DEATH (Month) (Day) (Year) Apr. 5, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1897	9. AGE (In years last birthday) 51	10. IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Shawneetown, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Joseph Hoots		13b. MOTHER'S MAIDEN NAME Minerva Chamberlin		14. NAME OF HUSBAND OR WIFE Mrs. Effie Hoots	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Effie Hoots, Vanduser, Mo.	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c)		
11. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4/31, 1949, to 4/5, 1949, that I last saw the deceased alive on 4/5, 1949, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Critchlow		23b. ADDRESS Mo. Sikeston, Mo		23c. DATE SIGNED 4/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 49		24c. NAME OF CEMETERY OR CREMATORY Gravel Hill	
				24d. LOCATION (City, town, or county) (State) Stoddard County Mo	

DATE REC'D BY LOCAL REG. April 9 1949		REGISTRAR'S SIGNATURE Mrs. T. F. Henry 303		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Und. Co. Bloomfield, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

100
25

RECEIVED

District Health Office No. 2,

District File Number 449-470

Date Filed 4-12-19

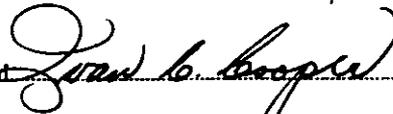
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.