

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7144

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 374 | | PRIMARY REG. DIST. NO. 4547 | | Registrar's No. 19 | |
| 1. PLACE OF DEATH a. COUNTY Worth | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City | | c. LENGTH OF STAY (In this place) 5 months | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City | | 1130 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. | | | | d. STREET ADDRESS (If rural, give location) 0 | | | |
| 3. NAME OF DECEASED (Type or Print) John | | a. (First) Anderson | | c. (Last) Hooper | | 4. DATE OF DEATH (Month) (Day) (Year) 3 11 1950 | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH 8 10 1865 | |
| 9. AGE (In years last birthday) 84 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & laborer | | 11. BIRTHPLACE (State or foreign country) Rogersville, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Samuel Hooper | | 13b. MOTHER'S MAIDEN NAME Martha Smith | | 14. NAME OF HUSBAND OR WIFE Amanda Snow Hooper | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) Mrs. Nellie Tulloch Grant City, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy & DUE TO (c) Arterio-sclerotic Cardiovascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 years 10 years 10/10 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 21. HOW DID INJURY OCCUR? | | | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Feb , 19 50 , to 3/10 , 19 50 , that I last saw the deceased alive on 2/9 , 19 50 , and that death occurred at 2 P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank B. Matteson | | 23b. ADDRESS Grant City Mo | | 23c. DATE SIGNED 3/11/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 3 13 1950 | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Springfield Missouri | |
| DATE REC'D BY LOCAL (REG.) Mar. 12. 1950 | | REGISTRAR'S SIGNATURE Pete E. Dawson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dunfee, Grant City, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Arch C. Dingle

Signed _____
Student Embalmer

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.