

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9989

State File No.

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 8

0890
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Knoxville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0/6/90</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>V.</u> c. (Last) <u>Hoover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 6 - 1862</u>	9. AGE (In years last birthday) <u>87</u>	10 UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	11 UNDER 18 HRS. Hours <u>16</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Oscola Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Spelman Hoover</u>	13b. MOTHER'S MAIDEN NAME <u>Elija Allinson</u>	14. NAME OF HUSBAND OR WIFE <u>Victoria Hoover. (nee)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester A. Hoover</u>	ADDRESS <u>Polo Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> <u>Several years</u> <u>1500</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>---</u>		
II. 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"/>
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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)
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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 Nov 2, 1949, to Mar 22, 1950, that I last saw the deceased alive on 3-21, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>Polo Mo</u>	23c. DATE SIGNED <u>3-23-50</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 23 1950</u>	REGISTRAR'S SIGNATURE <u>Mr. Raymond Grove</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alspaugh & Cowley</u>	ADDRESS <u>Polo Mo</u>
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RECEIVED 3/28/50

District Health Officer No. 8.

District File Number _____

Date Filed 4/6/50

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 Wayne H. Holliman

Signed _____
Student Embalmer

Licensed Embalmer No. 4627

P. O. Address Palo, 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.