

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10046**

BIRTH NO. _____ REG. DIST. NO: 311 PRIMARY REG. DIST. NO 2055 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taberville Mo</u>	c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taberville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</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>Allen</u>	c. (Last) <u>Hook</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17 - 50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 27 - 1882</u>	9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurateur</u>		11. BIRTHPLACE (State or foreign country) <u>Wenonah - Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>James Hook</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Jack</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Hook</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Navy Reserve W.I.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Rose Burdett</u> ADDRESS <u>Merriam Kansas</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage (left side)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>331X</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>17</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.E. Lyman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Appleton City, Mo</u>	23c. DATE SIGNED <u>3-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>March 18 - 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Orla Chuy</u> 288	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1930

COPIES MADE BY _____

Enter # 43 in
Register of Births
Glencove Parish
Midlorton CE
Scotland. 3-1942
Robert Lawrit
Registration

APR 8 1952

RECEIVED
District Health Officer No. 7;
District File Number 2-20-249
Date Filed 3-21-50

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.

Student
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, WI

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.