

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20768**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **297**

0532

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Laclede</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	c. LENGTH OF STAY (In this place) <b>1 day</b>	d. STREET ADDRESS (If rural, give location) <b>204 Sherman St.</b>
a. STATE <b>Missouri</b>		b. COUNTY <b>Laclede</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallau Memorial</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Clara</b>	b. (Middle) <b>Belle</b>	c. (Last) <b>Hoke</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 1, 1950</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>June 30, 1888</b>	<b>9. AGE</b> (In years last birthday) <b>61</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Laclede Co. Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Laclede Co. Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>John W. Smith</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah J. Williams</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Earnest E. Hoke</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Earnest E. Hoke</b>	<b>ADDRESS</b> <b>Lebanon Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>31 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>recurrent.</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS.</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 1 June, 1950 and that death occurred at 8:15 P. m., from the causes and on the date stated above.**

<b>23. SIGNATURE</b> (Degree or title) <b>H. Carrington M.D. by Paula J. Fisher</b>	<b>23b. ADDRESS</b> <b>Lebanon Mo.</b>	<b>23c. DATE SIGNED</b> <b>June 50</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>June 4, 1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Lebanon Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-10-1950</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mella L. Mayo</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. E. Holman</b>	<b>ADDRESS</b> <b>Lebanon Mo.</b>
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Received JUN 17 1950  
Laclede County Health Unit  
File No. 6-50-103  
Date Filed JUN 19 1950

**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.