

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36209

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1272

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Rosendale 0020</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Me. Hospital</b>			

3. NAME OF DECEASED (Type or Print), a. (First) <b>Sarah</b> b. (Middle) <b>Adline</b> c. (Last) <b>Hoover</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-11-1950</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>9-24-1876</b>		9. AGE (In years last birthday) <b>74</b> Months <b>1</b> Days <b>17</b>		10. IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>			11. BIRTHPLACE (State or foreign country) <b>Kirknoxville Tenn</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Elisha Gray</b>			13b. MOTHER'S MAIDEN NAME <b>Martha Willis</b>			14. NAME OF HUSBAND OR WIFE <b>William K. Hoover</b>		
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William K. Hoover</b> ADDRESS <b>Rosendale Mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ruptured heart left ventricle</b>		DUE TO (b) <b>myocardial infarction</b>						<b>6 to 8 days</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Coronary Occlusion</b>						<b>6 to 8 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 \_\_\_\_\_, 19\_\_\_\_, to **Nov 11, 1950**, that I last saw the deceased alive on **Nov 11, 1950**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Breit Funeral Home</b> (Degree or title)		23b. ADDRESS <b>Savannah</b>		23c. DATE SIGNED <b>11-13-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-14-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SAVANNAH</b>		24d. LOCATION (City, town, or county) (State) <b>SAVANNAH MO</b>	
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DATE REC'D BY LOCAL REG. <b>Nov. 13, 1950</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casey</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home</b> ADDRESS <b>Savannah</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *E. C. Breit* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2650* .....

P. O. Address *Savannah, Ga.* .....

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.