

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37815

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 28

0680

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

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Hawley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TIPTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newton, Kansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Howard H. Tipton, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sir McCordney Clifford</u> b. (Middle) <u>Hoob</u> c. (Last) <u>Hoob</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 8 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6-10-1887</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>minister</u>		11. BIRTHPLACE (State or foreign country) <u>London County, Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Clifford Hoob</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Hoob</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Hoob</u> ADDRESS <u>111 East 12th St Newton, Kan</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac deficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12/8/50</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. <u>U.S.A.</u>			

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)
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 12/8, 1950, to 12/8, 1950, that I last saw the deceased alive on 12/8, 1950, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. F. Poole M.D.</u> (Degree or title)	23b. ADDRESS <u>Tipton</u>	23c. DATE SIGNED <u>12/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton</u>	24d. LOCATION (City, town, or county) (State) <u>Newton, (Hawley) Kans.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 9-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eugene English</u> ADDRESS <u>440 State K Chan</u>
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RECEIVED <sup>12-11-50</sup>

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-11-50

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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 Eugene English

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4105

P. O. Address 440 State Ave K.C.

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.