

BIRTH NO.		REG. DIST. NO. 112		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1482	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (If in this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		8177	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 E. Valley St.				d. STREET ADDRESS (If rural, give location) 212 E. Valley			
3. NAME OF DECEASED (Type or Print) a. (First) MELVINA		b. (Middle)		c. (Last) HOOK		4. DATE OF DEATH (Month) (Day) (Year) 12 30 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-22-1880	
9. AGE (In years last birthday) 70		10. MONTHS 1		11. YEARS 1		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Buchanan Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Samuel Cross		13b. MOTHER'S MAIDEN NAME Mary J. Matthews		14. NAME OF HUSBAND OR WIFE Charles M. Hook (de)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Oscar Hook 212 E. Valley St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 28, 1950, to Dec. 26, 1950, that I last saw the deceased alive on Dec. 26, 1950, and that death occurred at 1:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Dr. John Hartsock D.O.		(Degree or title)		23b. ADDRESS 222-24 Jan. Alley		23c. DATE SIGNED 1-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-1951		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) De Kalb, Missouri	
DATE REC'D BY LOCAL REG. Jan. 6, 1951		REGISTRAR'S SIGNATURE Carl C. Carter		FUNERAL DIRECTOR'S SIGNATURE John Hartsock		ADDRESS St. Joseph, Mo.	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.