

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39864**
Registrar's No. **1184**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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) OR TOWN **St. Joseph**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. LENGTH OF STAY (in this place) **3 days**

d. STREET ADDRESS (If rural, give location) **114 Alabama St.**

3. NAME OF DECEASED
a. (First) **RUTH** b. (Middle) **E** c. (Last) **HOOVER**

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) **Married**

8. DATE OF BIRTH **3-20-1895**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (State or foreign country) **Maryville, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Christopher Loffer**

13b. MOTHER'S MAIDEN NAME **Margaret Barnes**

14. NAME OF HUSBAND OR WIFE **Delbert B. Hoover**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Delbert Hoover, 114 Alabama St.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CORONARY THROMBOSIS**
INTERVAL BETWEEN ONSET AND DEATH **5 MINUTE**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE** **UNKNOWN**
DUE TO (c) **ARTERIOSCLEROSIS GEN.** **UNKNOWN**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
UMBILICAL HERNIA **UNKNOWN**
DIABETES MELLITUS **UNKNOWN**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **None**

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.) **None**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **None**

22. I hereby certify that I attended the deceased from **Dec 19, 1950**, to **Dec 30, 1950**, that I last saw the deceased alive on **Dec 30, 1950**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Allen Spelman MD**

23b. ADDRESS **620 Francis**

23c. DATE SIGNED **1-2-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1-2-1951**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Auburn Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Mo.**

DATE REC'D BY LOCAL REG. **Jan. 8, 1951**

REGISTRAR'S SIGNATURE **Carl C. Casper**

5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **St. Joseph, Mo.**

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

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

Student Embalmer No.....

Signed

John E. Rupp

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.