

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19756**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **82**

1. PLACE OF DEATH
 a. COUNTY **Cooper**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Boonville**
 c. LENGTH OF STAY (In this place) **2 Days.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Alex VanRavenswaay Hospital.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Cooper**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Boonville**
 d. STREET ADDRESS (If rural, give location) **Cor. South & Fourth Sts.**

3. NAME OF DECEASED
 a. (First) **Clarence** b. (Middle) **M** c. (Last) **Hosp**

4. DATE OF DEATH (Month) (Day) (Year)
June 28 1951.

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
May 11th 1882

9. AGE (In years last birthday)
69

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
Own farm

11. BIRTHPLACE (State or foreign country)
Cooper County, Missouri.

12. CITIZEN OF WHAT COUNTRY?
USA.

13a. FATHER'S NAME
Julius Hosp.

13b. MOTHER'S MAIDEN NAME
Kathryn Malon

14. NAME OF HUSBAND OR WIFE
Dora Kahle Hosp.

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Dora Hosp. Boonville, Missouri.

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) **Coronary occlusion**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Hypertensive heart, beginning decompensation
 DUE TO (b)
 DUE TO (c) **overweight (60 lbs)**

INTERVAL BETWEEN ONSET AND DEATH
3 days

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.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Boonville, Missouri

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

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

21f. HOW DID INJURY OCCUR?
4201

22. I hereby certify that I attended the deceased from **June 27, 1951**, to **June 28, 1951**, that I last saw the deceased alive on **June 28, 1951**, and that death occurred at **8 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Alex VanRavenswaay, M.D.

23b. ADDRESS
Boonville, Mo.

23c. DATE SIGNED
6.29.51

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

24b. DATE
June 30th 1951

24c. NAME OF CEMETERY OR CREMATORY
Lone Elm

24d. LOCATION (City, town, or county) (State)
Cooper County, Missouri.

DATE REC'D BY LOCAL REG.
6-29-51

REGISTRAR'S SIGNATURE
D. Hooper 381

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Goodman & Boller, Boonville, Missouri.

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

RECEIVED 7-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-5-51 _____

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. H. Goodman*

Licensed Embalmer No. 1178

P. O. Address *Boonville, 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.