

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29601**

P.B. Dep.
FILED OCT 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>422</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff,</u>		<u>124</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosnital</u>				d. STREET ADDRESS (If rural, give location) <u>Nickey Street</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SYLVESTER</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>HOOVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 14, 1858</u>	9. AGE (In years last birthday) <u>93</u>	# UNDER 1 YEAR Months Days	# UNDER 28 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fur Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fur dealer</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio, /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Hoover Sterling, Illinois</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Hardin Vasculen</u> <u>Arteriosclerosis - generalized</u> DUE TO (c) <u>Arteriosclerosis - generalized</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 <u>Sept 13</u> , 19 <u>51</u> , to <u>Sept 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 18</u> , 19 <u>51</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.H. Johnson, M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>10/3/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 4 1951</u>		REGISTRAR'S SIGNATURE <u>W.H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u>		ADDRESS <u>412 Vine Street</u>		

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

RECEIVED

OCT 10 1951
BUTLER CO. HEALTH CENTER
FILE No. 1051-451

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.

Student
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4594

P. O. Address 412 Vine Poplar Bl

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.