

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Mohler 33123  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 2423 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL or TOWN) <u>Senath - Rt. 1</u>		c. CITY (If outside corporate limits, write RURAL or TOWN) <u>Senath, Mo. Rt. 1</u>	
c. LENGTH OF STAY (If this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles E. of Senath</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence - 2 miles E.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Girl</u> c. (Last) <u>Hooper</u>		5. SEX <u>Female</u>	
6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Sept. 21, 1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. <u>4</u> <u>1</u> <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank Hooper</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Howard</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</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>Frank Hooper - Kennett, Mo. Rt. 1</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>776x</u>	
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)	
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 21, 1951</u> , to <u>Sept 21, 1951</u> ; that I last saw the deceased alive on <u>Sept 21, 1951</u> , and that death occurred at <u>1 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Shelby Mohler, Jr. M.D.</u>		23b. ADDRESS <u>Senath, Mo.</u>	
23c. DATE SIGNED <u>Sept 25, 1951</u>		24a. PERIAL CREMATION REMOVAL (Specify) <u>Dunklin</u>	
24b. DATE <u>9-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>9-29-51</u>	
REGISTRAR'S SIGNATURE <u>Mrs. J. H. Lamer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Funeral Home Senath, Mo.</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-3-51

COUNTY FILE NUMBER 1061-259

*Body Was not Embalmed*

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 Edwin L. Avornon

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

Licensed Embalmer No. 4840

P. O. Address Senach, 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.