

FILED OCT 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36084

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <p align="center">Scott</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Mississippi</p>		
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">Sikeston</p>		c. LENGTH OF STAY (In this place) <p align="center">3 Days</p>		c. CITY (If outside corporate limits, write RURAL and give township) <p align="center">Bertrand</p>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Delta Community Hospital</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Bertrand, Mo</p>				
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Michael</p>			b. (Middle) <p align="center">Page</p>		c. (Last) <p align="center">Hooper</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">October, 1, 1951</p>		5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">White</p>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Never Married</p>		8. DATE OF BIRTH <p align="center">May, 29, 1951</p>		9. AGE (In years last birthday) # Months <u>4</u> # Days <u>1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Infant</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Infant</p>		11. BIRTHPLACE (State or foreign country) <p align="center">Bertrand, Mo</p>		
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		13a. FATHER'S NAME <p align="center">Eugene Hooper</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Pauletta Hurley</p>		
14. NAME OF HUSBAND OR WIFE <p align="center">_____</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>		
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Pauletta Hooper, Bertrand, Mo</p>		ADDRESS <p align="center">_____</p>				
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) <p align="center">Dehydration</p>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <p align="center">infantile diarrhoea</p>				
DUE TO (c) <p align="center">-</p>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="center">-</p>				
19a. DATE OF OPERATION <p align="center">-</p>		19b. MAJOR FINDINGS OF OPERATION <p align="center">-</p>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p align="center">-</p>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <p align="center">-</p>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">5910</p>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <p align="center">-</p>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p align="center">-</p>		
22. I hereby certify that I attended the deceased from <u>9/30, 1951</u> , to <u>9-30, 1951</u> , that I last saw the deceased alive on <u>9/30, 1951</u> , and that death occurred at <u>12:50A m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <p align="center">E. S. Urban M.D.</p>			23b. ADDRESS <p align="center">Sikeston, Mo</p>		23c. DATE SIGNED <p align="center">10/6/51</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">10/1/51</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Oak Grove Cemetery</p>		
24d. LOCATION (City, town, or county) (State) <p align="center">Charleston, Mo</p>		DATE REC'D BY LOCAL REG. <p align="center">10-10-51</p>				
REGISTRAR'S SIGNATURE <p align="center">Mrs Ella Hunter</p>		429		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">John F. ...</p>		
ADDRESS <p align="center">The Nunhelee Funeral Chapel, Charleston, Mo</p>						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 15 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1051-21

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.....

Not Embalmed

Licensed Embalmer No.

P. O. Address.....

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.