

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY Saline 0972		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall 0972	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) 373 West Arrow Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 373 West Arrow Street			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Paul	b. (Middle) Ramsey	c. (Last) Hook	(Month) Dec.	(Day) 2.	(Year) 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1904.	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 22	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--	---	---------------------------------	---------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales clerk, Sporting Goods Store	10b. KIND OF BUSINESS OR INDUSTRY Sporting Goods Store	11. BIRTHPLACE (State or foreign country) Fulton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME George W. Hook	13b. MOTHER'S MAIDEN NAME Cynthia Sanders	14. NAME OF HUSBAND OR WIFE Lora Elizabeth Hook
--	--	--

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. 497-05-1539	17. INFORMANT'S SIGNATURE OR NAME Mrs Lora E. Hook, Marshall, Mo.	ADDRESS Marshall, Mo.
--	--	--	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental gun shot wound in chest. - Occured while examining his gun.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) E9190 DUE TO (c) 19		
	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"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental	21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) his home	21c. (CITY, TOWN, OR TOWNSHIP) Marshall (COUNTY) Saline (STATE) Mo
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. - 2, 1951 12:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? While cleaning his gun
--	---	--

22. I hereby certify that I attended the deceased from **Marshall, Mo. on Dec. 3, 1951**, that I last saw the deceased alive on **Dec. 2, 1951**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Lewis Croner Saline Co.	23b. ADDRESS Marshall	23c. DATE SIGNED 12-3-51
--	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. Dec. 3, 1951	REGISTRAR'S SIGNATURE Sidney J. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo.
--	---	---

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

RECEIVED DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

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 James H. Lewis

Licensed Embalmer No. H709

P. O. Address Marshall, 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.