

Missouri
No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9100

State File No.

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 102

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveering Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> <u>0644</u>	
		d. STREET ADDRESS (If rural, give location) <u>1508 Pin Key</u>	

3. NAME OF DECEASED (Type or Print) <u>Virgil</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>Hook</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1952</u>
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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>June 23, 1880</u>	9. AGE (in years last birthday) (Months) (Days) (Hours) (Min.) <u>70</u> <u>8</u> <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Harrison MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
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13a. FATHER'S NAME <u>George Hook</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Hook</u> ADDRESS <u>1508 Pin Key Harrison MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior Septal Heart Disease</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) <u>Auricular fibrillation</u>		
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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>U</u>
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22. I hereby certify that I attended the deceased from April 11, 1952, to April 13, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 10²² am., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Lanning</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrison MO</u>	23c. DATE SIGNED <u>3/25/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hope Cemetery</u>	24d. LOCATION (City; town, or county) (State) <u>Harrison Marion MO</u>
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DATE REC'D BY LOCAL REG. <u>4-4-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Luck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Harrison MO</u>
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RECEIVED APR 1 1952
U. S. HEALTH DEPT.
DATE FILED APR 1 1952

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 *Michael J. O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address *Humboldt 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.