

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2414

State File No. ....

FILED FEB 13 1953  
BIRTH NO. 90209 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 19

age  
1782  
1

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

1. PLACE OF DEATH a. COUNTY <u>Pemissot</u>		2. USUAL RESIDENCE (where deceased lived; if in institution, "residence" before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemissot</u>	
b. CITY (if outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place)		OR TOWN <u>8782</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>408 E. 18th St. 9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth Eugene</u> b. (Middle) <u>Hooker</u> c. (Last) <u>Hooker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Dec 24, 1952</u>		9. AGE (In years last birthday) <u>1</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</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		11. BIRTHPLACE (State or foreign country) <u>Caruthersville, Mo</u>	

13a. FATHER'S NAME <u>Johnnie Eugene Hooker</u>		13b. MOTHER'S MAIDEN NAME <u>Peggy Alline Middleton</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Peggy Hooker</u> ADDRESS <u>Caruthersville, Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - Probably smothered during sleep.</u>		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) <u>89240</u>	
		DUE TO (c)		<u>18</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. German 3</u>			23b. ADDRESS <u>Hayti, Mo</u>		23c. DATE SIGNED <u>2-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-9-1953</u>		REGISTRAR'S SIGNATURE <u>Bessie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u> ADDRESS <u>Hayti, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

2-57-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 12 1953

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed John St. German

Signed.....  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.