

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5094

State File No.

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3all Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>	c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. E. L. Smith hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOMER</u>	b. (Middle) <u>X</u>	c. (Last) <u>HOOVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1953</u>
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5. SEX <u>M O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>McComb, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Hoover,</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Vernard,</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Hoover.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year of war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Everett Hoover, Bogard, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INSET BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stomach Cancer</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 <u>151X</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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 5, 1953, to Feb. 12, 1953, that I last saw the deceased alive on Feb. 12, 1953, and that death occurred at 11:06 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Smith</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>10th-9th St. Carrollton, Mo</u>	23c. DATE SIGNED <u>2-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/15/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockbranch</u>	24d. LOCATION (City, town, or county) (State) <u>Tina, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/14/53</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Riffard W Austin

.....
Licensed Embalmer No. *3233*

P. O. Address *Tina, Missouri*

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.