

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13438**

FILED APR 27 1953

BIRTH NO. _____		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 5146	Registrar's No. 10
1. PLACE OF DEATH a. COUNTY Caldwell 0130		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell 0130		
b. CITY (If outside corporate limits, write RURAL and give township) rural, Davis Twn		c. CITY (If outside corporate limits, write RURAL and give township) Braymer, 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED a. (First) Charles		b. (Middle) Nelson		c. (Last) Hook
4. DATE OF DEATH (Month) (Day) (Year) Apr. 11 1953		5. SEX male 0		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH Sept. 10, 1879		9. AGE (In years last birthday) 73 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10b. KIND OF BUSINESS OR INDUSTRY Gen Practice		11. BIRTHPLACE (City and State or Foreign Country) Breckenridge, Missari 0
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Thomas Hook		13b. MOTHER'S MAIDEN NAME Elizabeth Weaver
14. NAME OF HUSBAND OR WIFE Grace Johnson 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. none
17. INFORMANT'S SIGNATURE OR NAME C. Johnson Hook,		ADDRESS Braymer, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH few hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Angina Pectoris		few years
		DUE TO (c) Atherosclerosis		years
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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4201		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Braymer, Mo
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 6:00p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Wm. K. Crank D.D.		23b. ADDRESS Braymer, Mo		23c. DATE SIGNED 4-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-53		24c. NAME OF CEMETERY OR CREMATORY Hamilton Cem
24d. LOCATION (City, town, or county) (State) Hamilton, Mo		25. FUNERAL DIRECTOR'S SIGNATURE James Sevier ADDRESS Braymer, Mo		
DATE REC'D BY LOCAL REG. 4-18-53		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		373- B. J. Mead

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

JUN 9 1956

MAY 13 1956

APR 18 1956

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 _____

Bernard J. Mead

Licensed Embalmer No. 2501

P. O. Address _____, 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.