

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14255

State File No.

FILED MAY 8 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2093

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Louisiana</u> b. COUNTY <u>Caddo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>6 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Shreveport</u> <u>8170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunderman Nursing Home, 3527 Main</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADDREE</u>	b. (Middle) <u>HARGETT</u>	c. (Last) <u>HOOPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 12, 1906</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Des Moines Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>I. M. HARGETT</u>	13b. MOTHER'S MAIDEN NAME <u>WILLA BENNETT</u>		14. NAME OF HUSBAND OR WIFE <u>F. Homer Hooper Jr.</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. Homer Hooper Jr. Shreveport La.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</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.			<u>345K</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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?			
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22. I hereby certify that I attended the deceased from Oct 5, 1902 to Apr 19, 1953, that I last saw the deceased alive on Apr 19, 1953, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Petry</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>300 Apple Bldg KCMo</u>	23c. DATE SIGNED <u>4/25/53</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 22 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shreveport Louisiana</u>		
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DATE REC'D BY LOCAL REG. <u>4-20-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hilke Funeral Home 2315 Linwood KCMo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Chas. P. Wilks*

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Kansas City Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.