

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31316

State File No. _____

LED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5295 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - CONCORD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL CONCORD</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Plattsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Plattsburg, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Hoover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 5 1873</u>	9. AGE (in years last birthday) <u>80</u> if UNDER 1 YEAR Months <u>1</u> Days <u>17</u> if UNDER 12 mos. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co. Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>SAMUEL HOOVER</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. CORA HOOVER</u>	
--	--	---	--	--	--

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 <u>Cora Hoover</u>	
(If yes, give war or dates of service) <u>X</u>		<u>X</u>		ADDRESS <u>R.F.D. Plattsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		DUPLICATE				<u>14 da</u>	
ANTECEDENT CAUSES		DUPLICATE				<u>10 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Apoplexy</u>					
		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				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.)		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 1943, 1943, to Sept 22 1953, that I last saw the deceased alive on Sept 22 1953, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Sheldon</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>Sept 23 1953</u>	
--	--	-----------------------------	--	--------------------------------------	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>19-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brotherhood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>	
---	--	------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Sept 26 1953</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Scarsce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lyon</u>		ADDRESS <u>Plattsburg Mo</u>	
---	--	---	--	---	--	---------------------------------	--

(Reversed Embosser's Statement on Reverse Side)

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

No. 300
10.48

SEPT 8 & MAY 7 1957

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

Daniel R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.