

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. TURNER

932

State File No. ....

FILED FEB 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Damdenton</b>	
b. CITY OR TOWN <b>Springfield, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richland, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b>		b. (Middle) <b>Cathrene</b>	
c. (Last) <b>Hooker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 5, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 24, 1879</b>
9. AGE (In years) (Last birthday) <b>74</b>		IF UNDER 1 YEAR Months	IF UNDER 2 WEEKS Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>State of Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Gustavus B. Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Ann Rausch</b>	
14. NAME OF HUSBAND OR WIFE <b>Leonard H. Hooker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Garlen Hooker</b>		ADDRESS <b>Richland, Missouri</b>	
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 (504) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GASTROINTESTINAL HEMORRHAGE, CAUSE UNDET.</b> ANTECEDENT CAUSES Morbidity 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. <b>ARTERIOSCLEROTIC HEART DISEASE.</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs. 20 min.</b>		UNKNOWN.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>578X</b>	
20. AUTOPSY? YES <input checked="" 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 <b>Dec 11 1952</b> , to <b>2/5/54</b> , 19___, that I last saw the deceased alive on <b>2/5</b> , 19 <b>54</b> , and that death occurred at <b>11:35</b> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <b>Glenn O. Turner, M.D.</b>		23b. ADDRESS <b>Springfield, Missouri</b>	
23c. DATE SIGNED <b>2/10/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 7, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>OakLawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-11-54</b>		REGISTRAR'S SIGNATURE <b>Glenn O. Turner</b>	
25. FUNERAL HOME'S SIGNATURE <b>Hedges Funeral Home</b>		ADDRESS <b>Richland, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 Lucien T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.