

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12399**BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and institution). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 DYS		e. STREET ADDRESS (If rural, give location) 528 N. MOFFET	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSP.		3. NAME OF DECEASED a. (First) CHARLES b. (Middle) A c. (Last) HOOVER	
4. DATE OF DEATH (Month) (Day) (Year) APR 19 1954		5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUN. 18, 1884		9. AGE (In years last birthday) 69 if UNDER 1 YEAR Months Days if UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work) MILLINER		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING	
11. BIRTHPLACE (City and State or Foreign Country) GREENE CO. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HOOVER		13b. MOTHER'S MAIDEN NAME GLENA DAVIS	
14. NAME OF HUSBAND OR WIFE MRS. VIOLA HOOVER		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. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. VIOLA HOOVER ADDRESS JOPLIN	
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) Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4200F	
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 _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE John W. Korb (Degree or title) _____		23b. ADDRESS _____	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE APR 21, 1954		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	
24d. LOCATION (City, town, or county) (State) WEBB CITY MO		25. FUNERAL DIRECTOR'S SIGNATURE James ADDRESS 138	
DATE REC'D BY LOCAL REG. 4-26-54		25. FUNERAL DIRECTOR'S SIGNATURE James ADDRESS 138	

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

MAY 3 1954

RECEIVED
Jasper County Health Office
County File Number 54-5-33
Date Filed MAY 3 1954

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.....
Signature of Student Embalmer

Signed *Dale Glover*.....

Licensed Embalmer No. 45.....

P. O. Address *Joplin*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.