

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30372**

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>3 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ried Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>S. 16th St. 04110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Jacob</u> c. (Last) <u>Hoover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-54</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>4-10-1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>5</u>		11. DAYS <u>18</u>		12. IF UNDER 1 YEAR Hours <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>David Hoover</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Winters</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Elizabeth Hoover</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wern Hoover Bethany 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHO-PNEUMONIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive HEART Disease</u> DUE TO (c) <u>CARDIO-VASCULAR RENAL Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 yr</u> <u>20 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>INTRACAPSULAR FRACTURE LEFT FEMUR</u>							<u>4 days</u>
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION: <u>✓</u> <u>E9010</u> <u>21</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BETHANY, HARRISON, MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 24 54 4 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FELL FROM STEPLADDER, IN YARD</u>			
22. I hereby certify that I attended the deceased from <u>11/17, 1951</u> , to <u>9/28, 1954</u> , that I last saw the deceased alive on <u>9/28, 1954</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wern Hoover</u> D.O.				23b. ADDRESS <u>Bethany - Missouri</u>		23c. DATE SIGNED <u>9/29/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Dewitt</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/1/54</u>		REGISTRAR'S SIGNATURE <u>Zola Bennis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Bethany, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1936

**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

*W. B. Lee*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.