

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33436

State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 71

| | | | |
|--|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Buffalo</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u> | | STREET ADDRESS (If rural, give location) <u>0300</u> | |

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|---|-------------------------------|---|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Hoover</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24-1954</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>March 30-1872</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u> | IF UNDER 24 HRS. Hours <u></u> Min. <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 <u>-</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>W. E. Hoover</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Effie Hoover</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Effie Hoover Buffalo, Mo.</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>Paralysis agitans</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> | | |
| | DUE TO (c) <u>Unknown</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Imitation</u> | | | <u>3-400R</u> |

| | | |
|--|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>350 X</u> | 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) (Min.) | 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 Jan 1, 1945 to Oct 24, 1954 that I last saw the deceased alive on Oct 23, 1954 and that death occurred at 7:30 pm. from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE <u>J. B. Plummer M.D.</u> (Degree or title) | 23b. ADDRESS <u>Buffalo Mo.</u> | 23c. DATE SIGNED <u>10-25-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-26-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>@ Oak Lawn Cem.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Funeral Home Buffalo, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-26-54</u> | REGISTRAR'S SIGNATURE <u>G. M. Roberts</u> | |

(Licensed Embalmer's Statement of Reverse Side)

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

0.300
0.48

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 *Elyde Montgomery*.....

Licensed Embalmer No. *359*.....

P. O. Address *Buffalo, N.Y.*.....

**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.**