

STANDARD CERTIFICATE OF DEATH

FILED NOV 8 - 1954

BIRTH NO. REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6215 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. OSAGE TWP.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Horton (Rural)</u>		c. LENGTH OF STAY (in this place) <u>51 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>1080</u>	

3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Pratt</u> c. (Last) <u>Hoover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 27 - 1864</u>	9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>	
12. CITIZENSHIP OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>David Hoover</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Reichen</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Hoover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>now</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Lillian Hoover, Horton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 2 yrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>✓</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Horton Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>none</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	

22. I hereby certify that I attended the deceased from about 1952 to Oct 26, 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Love</u>	(Degree or title) <u>Mrs</u>	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>10/31/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Oct. 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beechmont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Horton Missouri</u>
DATE REC'D BY LOCAL REG <u>11-5-54</u>	REGISTRAR'S SIGNATURE <u>Bliss B. Daily</u>	463	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sammy J. J. ...</u>

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

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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 *L. Angus Perry*.....

Licensed Embalmer No. 4960.....

P. O. Address... Nevada, Mi

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.