

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4598

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 22

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) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>2 wk.</u>	c. CITY OR TOWN <u>Martinsville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital 0</u>		e. STREET ADDRESS (If rural, give location) <u>None</u> <u>0410</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lucy</u>	b. (Middle) <u>Campbell</u>	c. (Last) <u>Van Hooger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-1-1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas Scott</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Murray</u>	14. NAME OF HUSBAND OR WIFE <u>Hinton Van Hooger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give year or dates of service) <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eldon Van Hooger</u>	ADDRESS <u>Martinsville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>5</u>
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4222</u>
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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? _____
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22. I hereby certify that I attended the deceased from 5:18, 1950, to 2-28, 1955, that I last saw the deceased alive on 2-18, 1955, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Broyles</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bethany Mo.</u>	23c. DATE SIGNED <u>2/2/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/5/55</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u> <u>116</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. ...</u> ADDRESS <u>Bethany Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

REC'D
FEB 2 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..... *M. B. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, W.*

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.