

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30016**

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg	
c. LENGTH OF STAY (in this place) 21 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		e. STREET ADDRESS (If rural, give location) RFD #4 Warrensburg, Mo. 65100	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Jane c. (Last) Hook			4. DATE OF DEATH (Month) (Day) (Year) 9-21-1955		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 9 1881		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Lafayette County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME David Fizer		13b. MOTHER'S MAIDEN NAME Ruth McClellan		14. NAME OF HUSBAND OR WIFE Joseph W. Hook	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Herbert Cobb RFD #4 Warrensburg	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca sigmoid DUE TO (c) 153X					
		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)	
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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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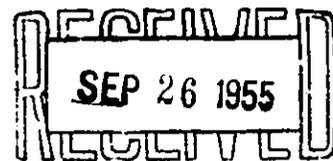
22. I hereby certify that I attended the deceased from Aug 31, 1955, to Sept 21, 1955, that I last saw the deceased alive on Sept 21, 1955, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) [Signature]		23b. ADDRESS Warrensburg, Mo		23c. DATE SIGNED Sept 23, 55	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-1955		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		24d. LOCATION (City, town, or county) (State) Odessa, Missouri	
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DATE REC'D BY LOCAL REG. Sept 23, 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips Warrensburg, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



OCT 3

JOHNSON COUNTY HEALTH DEPT.

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 *J. Earl Priest*

Licensed Embalmer No. *387*

P. O. Address *Warrens*

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.