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FILED JAN 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43168

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6163 Registrar's No. 4

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

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Cass
c. LENGTH OF STAY (in this place): 16 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Rt.2, Crane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN: Crane, Rt. #2
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): "Rural" Cass 1040

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): R.
c. (Last): HOOTON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 8, 1873
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (City and State or Foreign Country): Stone County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Gilbert Jackson
13b. MOTHER'S MAIDEN NAME: Dicie Coker
14. NAME OF HUSBAND OR WIFE: James W. Hooton

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: Mrs. Elva Tennis, Rt.1, Mt. Vernon, Mo. ADDRESS

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.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — Years
DUE TO (c): Arteriosclerosis — Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1939, to Dec 15, 1955, that I last saw the deceased alive on Dec. 12, 1955, and that death occurred at 1:50a m., from the causes and on the date stated above.*

23a. SIGNATURE: A. S. Coppedge (Degree or title) M.D.
23b. ADDRESS: Arnold, Mo. December 16-1955
23c. DATE SIGNED: 12-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.18-'55
24c. NAME OF CEMETERY OR CREMATORY: Jamesville Cemetery
24d. LOCATION (City, town, or county) (State): Jamesville, Missouri

DATE REC'D BY LOCAL REG.: Dec 26-55
REGISTRAR'S SIGNATURE: Mrs. D. Elmer Brassman 217-1
25. FUNERAL DIRECTOR'S SIGNATURE: J. Dean Harris
ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....J. Dean Harris.....

Licensed Embalmer No. 439

P. O. Address ..... Clever.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.