

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5683

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5801 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>RURAL-WASHINGTON TWP.</u>		c. CITY OR TOWN <u>RURAL-WASHINGTON TWP.</u>	
c. LENGTH OF STAY (in this place) <u>8 YRS.</u>		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 <u>R.F.D.#1, PARIS</u>		STREET ADDRESS (If rural, give location) <u>R.F.D.#1, PARIS</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>KELLY</u> c. (Last) <u>HOOVER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 22, 1956</u>	
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>SEPT. 2, 1866</u>
9. AGE (In years last birthday) <u>89</u>		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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OHIO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DENNIS KELLY</u>	
13b. MOTHER'S MAIDEN NAME <u>ELLEN DEWEE FIELDS</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER 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. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>ERNEST HOOVER</u>		ADDRESS <u>PARIS, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart decompensated</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary A.K.</u> 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 <u>7953.</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 _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at <u>6:00 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Hoover</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>	
23c. DATE SIGNED <u>2-24-56</u>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>2-24-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. ANDREW'S</u>		24d. LOCATION (City, town, or county) (State) <u>STANTONVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-25-56</u>		REGISTRAR'S SIGNATURE <u>Elaine Robertson</u> ADDRESS <u>471- Speed Blakes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>PARIS, MISSOURI</u>	

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

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..... *E. M. Agnew*

Licensed Embalmer No. 400

P. O. Address PARIS, MISSOURI

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.