

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17058

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>177</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> <u>0690</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0</u>		c. LENGTH OF STAY (If in place) <u>34 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Indian Creek</u> <u>1</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Near Clapper Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Hoar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/15/1956</u>					
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>8/22/1872</u>		
9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>2</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></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>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Henry Hoar</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Dixon</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Hoar (Dece)</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Hoar Jr. Monroe City 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3° burns of both legs & buttocks, severe</u>				DUPLICATE OF (b) <u>Arteriosclerotic vascular disease</u>				<u>1 month</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (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 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 <u>April 11, 1956</u> , to <u>May 15, 1956</u> , that I last saw the deceased alive on <u>May 15, 1956</u> , and that death occurred at <u>8:30 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert Flannery MD</u>				23b. ADDRESS <u>504 B & L Building, Hannibal</u>		23c. DATE SIGNED <u>5/19/56</u> <u>Missouri</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/18/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-21-56</u>		REGISTRAR'S SIGNATURE <u>Dr. Em Luke By W. C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Garner</u>		ADDRESS <u>Monroe City</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAY 31 1956

MARION CO. HEALTH DEPT.

DATE FILED MAY 31 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Harold V. Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo.

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 this body is not embalmed, fact should be so stated above.