

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 12 1956

State File No. **17383**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3006** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	c. LENGTH OF STAY (In this place) 8 days	c. CITY OR TOWN Moberly	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		e. STREET ADDRESS (If rural, give location) 578 S. Williams	

3. NAME OF DECEASED (Type or Print) a. (First) JASON b. (Middle) PAUL c. (Last) HOOVER			4. DATE OF DEATH (Month) (Day) (Year) June - 6 - 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct-15-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Mt. Carroll Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Daniel W. Hoover	13b. MOTHER'S MAIDEN NAME Elizabeth Tigh	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John F. Hoover	ADDRESS Mt. Carroll Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) An Acute Coronary Occlusion			2 days
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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) 4201 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June 4th, 1956, to June 6th, 1956, that I last saw the deceased alive on June 7th, 1956, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE Thos. S. Flewing (Degree or title)	23b. ADDRESS Moberly	23c. DATE SIGNED June
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June-7-56	24c. NAME OF CEMETERY OR CREMATORY Savannah Ill.	24d. LOCATION (City, town, or county) (State) (State)
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DATE REC'D BY LOCAL REG. 6-7-56	REGISTRAR'S SIGNATURE Deborah Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Cater Funeral Home Moberly Mo	ADDRESS
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JUN 13 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Moberly*

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.