

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22721**

S. No. 300
v. 10-48

FILED JUL 31 1956

BIRTH NO. _____ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **3001** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Vandalia)	c. LENGTH OF STAY (In this place) 22 months	c. CITY OR TOWN Fulton	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: 510 E. Washington St.		e. STREET ADDRESS (If rural, give location) 310 Oak Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel	b. (Middle) Burton	c. (Last) Hook	4. DATE OF DEATH (Month) (Day) (Year) July 23, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 2 Days 9	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Hospital Attendant	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas B. Hook	13b. MOTHER'S MAIDEN NAME Catherine Dunham	14. NAME OF HUSBAND OR WIFE Iva Smith Hook
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ralph Carter	ADDRESS Fulton Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		1 day
	ANTECEDENT CAUSES multiple small cerebral hemorrhages DUE TO (b) generalized arteriosclerosis DUE TO (c) arteriosclerotic heart disease, digitalized.		3 months, years.
II. OTHER SIGNIFICANT CONDITIONS arteriosclerotic heart disease, digitalized.		4 years	

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 **March 19 55** to **July 23 56**, that I last saw the deceased alive on **July 23, 1956**, and that death occurred at **8:40 AM**, from the causes and on the date stated above.

23a. SIGNATURE Edna Wherine MD	(Degree or title)	23b. ADDRESS Vandalia, Mo.	23c. DATE SIGNED 7/23/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24/56	24c. NAME OF CEMETERY OR CREMATORY Central Church	24d. LOCATION (City, town, or county) (State) Callaway County Mo.
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DATE REC'D BY LOCAL REG. July 25 1956	REGISTRAR'S SIGNATURE W. D. Walker	FUNERAL DIRECTOR'S SIGNATURE Marjorie ...	ADDRESS Fulton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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6-0

AUG 8
1938

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 *Dwight A. Stewart*.....

Licensed Embalmer No. *3722*.....

P. O. Address *Fulton St.*.....

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.