

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

**23260**

State File No. \_\_\_\_\_

**FILED JUL 23 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 106

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>22 yrs.</u>	c. CITY OR TOWN <u>Hornersville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Dunklin County Memorial Hospital</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		0350	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>
a. (First) <u>MINA</u> b. (Middle) _____ c. (Last) <u>HOONEY</u>			(Month) (Day) (Year) <u>July 9 1956</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Apr. 14, 1894</u>
<b>9. AGE</b> (In years last birthday) <u>62</u>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hubbard City, Texas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>11a. FATHER'S NAME</b> <u>John Robert Vaughn</u>	<b>11b. MOTHER'S MAIDEN NAME</b> <u>Mattie Jane Frazier</u>	<b>11c. NAME OF HUSBAND OR WIFE</b> <u>William Hooney</u>	
<b>13. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) <u>No</u>	<b>14. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>15. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. V.W. Redd - Kennett, Mo.</u>	
<b>16. CAUSE OR DEATH</b>	<b>17. MEDICAL CERTIFICATION</b>		<b>18. INTERVAL BETWEEN ONSET AND DEATH</b>
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal injuries</u>		<u>5 Min.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Auto accident</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On highway N</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>Clay</u> (COUNTY) <u>Dunklin</u> (STATE) <u>Mo</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>7-9-56</u> <u>10</u> m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Auto accident</u>	

**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 10:45 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>R J Palenske</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>Hornersville Mo</u>		<b>23c. DATE SIGNED</b> <u>7/12/56</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>July 12, 1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Horners Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hornersville, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-14-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Earl Thompson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>EMERSON &amp; SON, F.H. Jonesboro, Arkansas</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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RECEIVED DUNKLIN COUNTY  
DEPARTMENT 7-21-2  
COUNTY FILE NUMBER 75

**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 *Tom V. Emerson*

Licensed Embalmer No. 895

P. O. Address *Jonesboro, W.*

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.