

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

795

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3015 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>Dent County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <b>Salem, Missouri</b> )	c. LENGTH OF STAY (In this place) <b>5 yr.</b>	c. CITY OR TOWN <b>Salem, Missouri</b>	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 <b>North Pershing, Salem, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>North Pershing, Salem, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Edwardson</b>		c. (Last) <b>Hoodenpyle</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 1, 1871</b>		9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dent Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Hoodenpyle</b>		13b. MOTHER'S MAIDEN NAME <b>Sally E. Skeeters</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Asbridge Hoodenpyle</b>	
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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) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eston Hoodenpyle</b>		ADDRESS <b>Salem, Mo.</b>	
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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, ashenia, 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) <b>Pulmonary Congestion</b>		ANTECEDENT CAUSES <b>Cardio-valvular defect and</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Decompensation</b>				<b>1 week.</b>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>Cerebral arteriosclerosis with Hypertension (Severe)</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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)	
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 1948, 19  , to 1957, 19  , that I last saw the deceased alive on Jan. 2, 1957, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles R. Bennett, D.C.</b>		23b. ADDRESS <b>Salem, Mo.</b>		23c. DATE SIGNED <b>1/3/57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 4, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jadwin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jadwin, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>1-4-57</b>		REGISTRAR'S SIGNATURE <b>M. M. Hart</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl J. Spurr</b>		ADDRESS <b>Salem, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

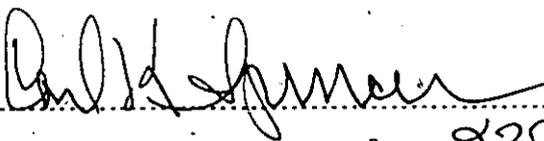
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STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No. 2320

P. O. Address Salem, N.J.

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.