

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30568

State File No. ....

FILED AUG 19 1957		REG. DIST. NO. 391	PRIMARY REG. DIST. NO. 4505	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY <b>STODDARD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>BELL CITY</b>	c. LENGTH OF STAY (In this place) <b>-</b>	c. CITY OR TOWN <b>BELL CITY</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>-</b>		STREET ADDRESS (If rural, give location) <b>-</b>		
3. NAME OF DECEASED a. (First) <b>GEORGE</b>		b. (Middle) <b>WILLIS</b>	c. (Last) <b>HOOSIER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>July 30, 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>DEC. 29, 1883</b>	9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>INDIANA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>WILLIAM HOOSIER</b>		13b. MOTHER'S MAIDEN NAME <b>IDA GOALMAN</b>	14. NAME OF HUSBAND OR WIFE <b>NANCY JANE HOOSIER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>NANCY JANE HOOSIER</b> ADDRESS <b>BELL CITY, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>no</b>		
22. I hereby certify that I attended the deceased from <b>June 1, 1957</b> , to <b>July 30, 1957</b> , that I last saw the deceased alive on <b>July 30, 1957</b> , and that death occurred at <b>1:00 P.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>E.C. Masters</b>		23b. ADDRESS <b>So. Advance Mo.</b>		23c. DATE SIGNED <b>Aug 2, 1957</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8/1/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MORGAN MEM. PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ADVANCE Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8/10/57</b>	REGISTRAR'S SIGNATURE <b>Bernice Moore</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. Lloyd S. Morgan Sr.</b>		ADDRESS <b>Advance Mo.</b>

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

AUG 28 1957

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..... *Wm H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance*

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.