

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008658
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Adair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kirksville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kirksville</i> 00130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nursing Home #1</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>N. Franklin</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Oliver Hoover</i>			4. DATE OF DEATH Month Day Year <i>April 5, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 28, 1867</i>
9. AGE (In years last birthday) <i>90</i>		IF UNDER 1 YEAR Months Days Hours Min. <i>9 7</i>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Merchant</i>	11. BIRTHPLACE (City and state or country) <i>Scholey Co. Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Garrett Hoover</i>	
13b. MOTHER'S MAIDEN NAME <i>Hannah Clark</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>487-30-2004A</i>	17. INFORMANT <i>Blanche Nealey, N. Franklin Kirksville, Mo.</i> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardiac Decompensation</i>			<i>weeks</i>
DUE TO (c) <i>Arteriosclerotic Heart Disease</i>			<i>unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized arteriosclerosis</i> 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>3-25-58</i> to <i>4-5-58</i> and last saw ^{her} alive on <i>4-4-58</i> Death occurred at <i>10:05</i> ^A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>George H. Scheurer D.O.</i>		22b. ADDRESS <i>Kirksville</i>	22c. DATE SIGNED <i>4-5-58</i>
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <i>April 7, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>IOOF</i>	23d. LOCATION (City, town, or county) (State) <i>Lancaster Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Norman Funeral Home Lancaster, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>4-9-1958</i>	26. REGISTRAR'S SIGNATURE <i>Dorcas W. Ratliff</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300-57

All diseases in Part I must be causally related.

350

APR 17 1958

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 *David E. Foster*
Licensed Embalmer No. *4742*
P. O. Address *Kirkville, Mo.*

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.