. Health,
-& Welfare
. Public
h Service

S. 300
. 1-57

9 Dr. Lowe Jr.

FILED OCT 20 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036055
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 961A

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. JOHN'S HOSP. — Length of stay in 1b 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SHANNON
c. CITY OR TOWN WINONA — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1010 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ORVAL Middle RICHARD Last HOOVER

4. DATE OF DEATH Month Oct. Day 6 Year 1958

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH MARCH 13 1893
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SECTION FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.
11. BIRTHPLACE (City and state or country) WINONA, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE W. HOOVER
13b. MOTHER'S MAIDEN NAME ISABELLE WADDINGTON
14. NAME OF HUSBAND OR WIFE OLLIE HOOVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. YES
17. INFORMANT MRS. OLLIE HOOVER Address WINONA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malignant Tumor — INTERVAL BETWEEN ONSET AND DEATH One year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1956, to 10/5/58 and last saw ~~her~~ him alive on 10/5/58
Death occurred at 12;40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bahawe, J M.D 0
22b. ADDRESS 430 South Street
22c. DATE SIGNED 10-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10/8/58
23c. NAME OF CEMETERY OR CREMATORY NEW CITY CEMETERY
23d. LOCATION (City, town, or county) (State) WINONA, MO.

24. FUNERAL DIRECTOR ADDRESS DUNCAN FUNERAL HOME MT. VIEW, MO.
25. DATE RECD. BY LOCAL REG. 10-17-58
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. .....

P.O. Address .....

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.