

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039206

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 58 Primary Registration District No. 5227 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrisonville</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Section</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Harrisonville</u>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Pleasant View Rest Home</u>		Length of stay in lb <u>6 yr.</u>	d. STREET ADDRESS (If outside, give location) <u>Highway 71</u>
3. NAME OF DECEASED (Type or print) First <u>ABNER</u> Middle <u>HOOK</u> Last <u>HOOK</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>19</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 1 - 1875</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, with H entered) <u>Farmer - Retired</u>	11. BIRTHPLACE (City and state or country) <u>Cass Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alonso S Hook</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Davidson</u>
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>
17. INFORMANT <u>Graace M. Hook</u>		Address <u>Harrisonville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>10 yrs</u> <u>12 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4301</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <u>10</u> a.m. Month, Day, Year p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY <u>Mo</u> STATE <u>Mo</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>1952</u> to <u>Nov 1958</u> and last saw <u>him</u> alive on <u>Nov 19, 1958</u> Death occurred at <u>10 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. E. Frasch Sr</u> (Degree or title)		22b. ADDRESS <u>Harrisonville Mo</u>	
22c. DATE SIGNED <u>Nov 20, 1958</u>		22d. LOCATION (City, town, or county) (State) <u>Mo</u>	
23. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23a. DATE <u>Nov 21 - 1958</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Wills Cemetery</u>		23c. LOCATION (City, town, or county) (State) <u>Peoria Mo</u>	
24. FUNERAL DIRECTOR <u>Bannerbugis</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 24 - 1958</u>	
ADDRESS <u>Harrisonville Mo</u>		26. REGISTRAR'S SIGNATURE <u>Prudice Anderson</u> Deputy	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

CASS COUNTY
HEALTH DEPARTMENT

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 Frank C. Runnenburg 3rd, Student Embalmer No. 568 working under my personal supervision.

Student Frank C. Runnenburg 3rd Signed James R. Phillips
Signature of Student Embalmer

Licensed Embalmer No. 4681

P. O. Address Harrisonville

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.