

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000460  
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Fulton</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fulton</b> <b>0143</b> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Callaway Hosp.</b>		Length of stay in 1b <b>8 Hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Callaway Hosp.</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Rhonda</b> <i>First</i> <b>Jean</b> <i>Middle</i> <b>Hoover</b> <i>Last</i>	4. DATE OF DEATH <b>Jan. 30, 1959</b> <i>Month Day Year</i>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 30, 1959</b>	9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>Fulton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>Ronald Gene Hoover</b>	14. MOTHER'S MAIDEN NAME <b>Geraldine Kistner</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 <b>Ronald Gene Hoover</b> <b>Seminole Apts. Fulton, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rematurity (1 lb 12 oz)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 da</b>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <b>776x</b>
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Fulton</b>	COUNTY <b>Callaway</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>Jan 30 '59</b> and last saw her <b>Jan 30 '59</b> alive on _____ Death occurred at <b>9:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>George M. Grove, MD</b> (Degree or title)	22b. ADDRESS <b>607 Court, Fulton, Mo</b>	22c. DATE SIGNED <b>2-5-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Readsville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Readsville, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Maupin Funeral Home, Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Feb. 7 - 1959</b>	26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

*Was not embalmed*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. A. Rossen*

Licensed Embalmer No. *28*

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.