

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003082

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

312

300  
-57  
0  
23  
1

1. PLACE OF DEATH a. COUNTY None		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4542 McMillan		d. STREET ADDRESS (If outside, give location) 4542 McMillan Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Hattie Lee HOOSER		4. DATE OF DEATH Month Day Year Jan. 8, 1959	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unk abt 1894
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Guthrie, Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Johnson Berryman		13b. MOTHER'S MAIDEN NAME Lula Ingram	
14. NAME OF HUSBAND OR WIFE Don Hooser		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. --		17. INFORMANT Beatrice Hurt, 4666 Penrose	
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>Hypertensive Cardeo Vascular Disease with Acute Congestive Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>443x -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>1-6-59</u> to <u>1-8-59</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>1-7-59</u> Death occurred at <u>3:15</u> a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marjorie N. Little</i>		22b. ADDRESS M.D. 3167 Sheridan Avenue	
22c. DATE SIGNED 1-9-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1/12/59		23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery, Berkeley, Mo.	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR Cunningham & Moore, 2405 Marcus	
25. DATE RECD. BY LOCAL REG. JAN 10 '59		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> m J B	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John K. Cunningham* .....

Licensed Embalmer No. 4476 .....

P. O. Address 2405 Marcus .....

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.