

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017762

STATE FILE NUMBER

2302

FILED JUN 9 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

300  
1-57

1. PLACE OF DEATH 8 a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If outside, give location) 2511 Agnes	
Length of stay in lb 4 3/4 yrs		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FLORIDA Florida Hooper			4. DATE OF DEATH Month Day Year May 5, 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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/24/1897
9. AGE (In years last birthday) 61		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) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Hicks	
13b. MOTHER'S MAIDEN NAME Hanah Exsom		14. NAME OF HUSBAND OR WIFE Joe Hooper	
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. none	17. INFORMANT Katherine Gee
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebral infarction.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Interval Between Onset and Death		332x	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	
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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 MURPHYSBORO	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 3-27-59 to 5-5-59 and last saw her alive on 5-5-59 Death occurred at 9:10 P on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) E. Frank Ellis	
22b. ADDRESS 600 East 22nd Street		22c. DATE SIGNED 5-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/8/59	23c. NAME OF CEMETERY OR CREMATORY Murphyboro	23d. LOCATION (City, town, or county) (State) Murphysboro, Ill
24. FUNERAL DIRECTOR Bailey Funeral Home, K.C. Kansas	25. DATE RECD. BY LOCAL REG. 5-8-59	26. REGISTRAR'S SIGNATURE neva murahall	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. Frank Ellis

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 ..... *[Handwritten Signature]*

Licensed Embalmer No. *447*

P. O. Address *[Handwritten 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.