RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959

59-031344

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b: 5 Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim Smith — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 802 E Normal (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: ETHEL Middle: — Last: HOOK
4. DATE OF DEATH Month: September Day: 13 Year: 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-25-85
9. AGE (last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Cairo Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME M. F. Hook
13b. MOTHER'S MAIDEN NAME Temperance Routt
14. NAME OF HUSBAND OR WIFE —
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. 492-42-7483
17. INFORMANT Hospital Records — Address Kirksville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral embolism	48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Amputation right leg	15 days
DUE TO (c)	Arteriosclerotic and diabetic gangrene	9 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 1-14-59 to 9-13-59 and last saw her alive on 9-13-59
Death occurred at 1220 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Kirksville, Missouri
22c. DATE SIGNED 9-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept-15-59
23c. NAME OF CEMETERY OR CREMATORY Grand Prairie Cemetery
23d. LOCATION (City, town, or county) (State) Cairo MO

24. FUNERAL DIRECTOR Cater Funeral Home ADDRESS Moberly Mo
25. DATE RECD. BY LOCAL REG. Sept 15, 1959
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. M. Cater

Signature of Student Embalmer

Licensed Embalmer No. 411

P. O. Address Moberly M

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