RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59-032088

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton
Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 712 west 10th st.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mercer
c. CITY OR TOWN: Princeton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ********
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lucy Middle: Ellen Last: Hoover
4. DATE OF DEATH: Month 9 Day 18 Year 59
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-5-1876
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months 10 Days 13
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Mercer County-Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Bryan
13b. MOTHER'S MAIDEN NAME: Sylvana Picket
14. NAME OF HUSBAND OR WIFE: Isaac J. Hoover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Isaac J. Hoover Address: --Trenton-Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 8 da
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)
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 sept. 24, 1944, to 9-18-59 and last saw her/him alive on 9-18-59
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Byron I. Aytell (Degree or title) D.O.
22b. ADDRESS: Princeton, Mo
22c. DATE SIGNED: 9-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-20-59
23c. NAME OF CEMETERY OR CREMATORY: Princeton Cemetery
23d. LOCATION (City, town, or county) (State): Princeton--Mo.

24. FUNERAL DIRECTOR: Martin & Azbell Funeral Home-
ADDRESS: Princeton-Mo.
L. E. Azbell
25. DATE RECD. BY LOCAL REG.: 9/19/59
26. REGISTRAR'S SIGNATURE: Irene Farr

(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 Lyman E. Abbell

Signature of Student Embalmer

Licensed Embalmer No. 5020

P. O. Address Princeton--Mo.

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