MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

41

59-032880

STATE FILE NUMBER

Registration District No. 967 Primary Registration District No. 4255 Registrar's No. [redacted]

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kingsville
Length of stay in 1b: 41 yrs
c. CITY OR TOWN: Kingsville
Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Kingsville, Mo
Reside on Farm: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Johnson

3. NAME OF DECEASED (Type or print): First: FREDA Middle: ETHEL Last: HOOVER
DATE OF DEATH: Month: OCT Day: 8 Year: 1959

5. SEX: F
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/19/1908
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months: 0 Days: 19
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): Trinidad, Ill
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jesse J. Briner
13b. MOTHER'S MAIDEN NAME: Stella Price
14. NAME OF HUSBAND OR WIFE: Ernest Hoover

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.: 495-36-6212
17. INFORMANT: Ernest Hoover Address: Kingsville, 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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
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 12 1959 to October 8 1959 and last saw her alive on Oct 8 1959
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kelly Rawlins M.D.
22b. ADDRESS: Holden Mo
22c. DATE SIGNED: 10-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-10-59
23c. NAME OF CEMETERY OR CREMATORY: Elm Spring Cem
23d. LOCATION (City, town, or county) (State): Kingsville Mo

24. FUNERAL DIRECTOR: Canada & Rapp ADDRESS: Holden Mo
25. DATE RECD. BY LOCAL REG.: 10-9-59
26. REGISTRAR'S SIGNATURE: Mrs D.V. Redford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 20 1959

VS JUN 10 1950

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_____
Signature of Student Embalmer

Signed M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden,

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.