URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-039282

STATE FILE NUMBER

FILED VS DEC 2 1959 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 182

ENDED

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Strasburg — Length of stay in 1b: 1 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Strasburg, Mo. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Hattie — Middle Viola — Last Hooton

4. DATE OF DEATH: Month November — Day 23, — Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-16-1900
9. AGE (last birthday): 59 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Oak Grove, Mo.
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Matthew Russell
13b. MOTHER'S MAIDEN NAME: Alice Lynch
14. NAME OF HUSBAND OR WIFE: Robt.Leslie Hooton

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.: 498-30-1394
17. INFORMANT: Robt.Leslie Hooton, Address: Strasburg, 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): Polycythemia Vera with Terminal Malignancy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 14 yrs.

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 6-28-58, to 11-23-59 and last saw her alive on 11-23-59
Death occurred at 5:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A W Eklund MD
22b. ADDRESS: Pleasant Hill, Mo
22c. DATE SIGNED: 11-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-25-59
23c. NAME OF CEMETERY OR CREMATORY: Strasburg cemetery
23d. LOCATION (City, town, or county) (State): Strasburg, Mo.

24. FUNERAL DIRECTOR: E B CAST — ADDRESS: HOLDEN MO E B Cast
25. DATE RECD. BY LOCAL REG.: Nov 24 - 59
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS MAY 19 1961

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_____

Signature of Student Embalmer

Licensed Embalmer No. 4059

P. O. Address Helena, M

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.