

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040648

FILED VS DEC 14 1959 /57

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 227

ENDED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 50 yrs	c. CITY OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 720 E. Macon St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JESSE Middle GILBERT Last HOOVER			4. DATE OF DEATH Month Nov. Day 30 Year 1959		
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5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. mechanic	10b. KIND OF BUSINESS OR INDUSTRY machine repair	11. BIRTHPLACE (City and state or country) Avilla, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Samuel A. Hoover	13b. MOTHER'S MAIDEN NAME Sarah Shaw	14. NAME OF HUSBAND OR WIFE Della Pierce Hoover
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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. 490-10-0268	17. INFORMANT Address Della Hoover, 720 E. Macon, Carthage, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to liver, primary unknown.		INTERVAL BETWEEN ONSET AND DEATH 90 days
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 COUNTY STATE
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21. I attended the deceased from 8-15-50 to 11-30-59 and last saw him alive on 11-29-59
Death occurred at 6:50 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Frank H. Binner</i> MD	22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 11-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-3-59	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Mo
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24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo	25. DATE RECD. BY LOCAL REG. 12-3-59	26. REGISTRAR'S SIGNATURE <i>Elly Clinton</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 14 1958

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 _____

Robert H Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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 shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.