

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006998

FILED VS MAR 8 1960

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Laclede</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lebanon</i>		Length of stay in 1b <i>Years</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>519 St. Louis St.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Lebanon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <i>519 St. Louis St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>519 St. Louis St.</i>			
3. NAME OF DECEASED (Type or print) First <i>Homer</i> Middle <i>Hooper</i> Last				4. DATE OF DEATH Month <i>March</i> Day <i>3</i> Year <i>1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7/15/1902</i>	9. AGE (last birthday) <i>57</i>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Paper Salesman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Salesman</i>		11. BIRTHPLACE (City and state or country) <i>Laclede Co. Mo. U. S. A.</i>		Months	Days
13a. FATHER'S NAME <i>James P. Hooper</i>		13b. MOTHER'S MAIDEN NAME <i>Lulie May Clark</i>		14. NAME OF HUSBAND OR WIFE <i>Otha Hooper</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>500-36-8978</i>		17. INFORMANT Address <i>Otha Hooper Lebanon, Mo.</i>			
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) <i>Congestive Heart Failure</i>						<i>6 months</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Pulmonary Insufficiency</i>						<i>1 year</i>	
DUE TO (c) <i>Left Ventricular Hypertrophy</i>						<i>2 years</i>	
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	
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.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		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	
21. I attended the deceased from <i>3/28/57</i> to <i>2-2-60</i> and last saw <sup>him</sup> alive on <i>2-15-1960</i>		Death occurred at <i>11 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. B. Sumner</i> (Degree or title)				22b. ADDRESS <i>Lebanon Mo</i>		22c. DATE SIGNED <i>3-4-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3/8/1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Rose Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lebanon, Mo.</i>	
24. FUNERAL DIRECTOR <i>Dorsey M. Howe</i>		ADDRESS <i>Lebanon Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-4-1960</i>		26. REGISTRAR'S SIGNATURE <i>Hilla L. Day</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Dorsey M. How

Licensed Embalmer No. 422

P. O. Address Lebanon

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