URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

60-006999

STATE FILE NUMBER

ENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Debaron Lebanon
Length of stay in 1b: 2 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 175 Morton Road
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LILLIE Middle MAY Last HOOPER

4. DATE OF DEATH Month Feb. Day 12, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-23-76
9. AGE (last birthday): 83
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: Domestic
11. BIRTHPLACE (City and state or country): Audrain County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William B. Johnson
13b. MOTHER'S MAIDEN NAME: — Richard
14. NAME OF HUSBAND OR WIFE: Manus Hooper

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.: None.
17. INFORMANT: Mr. Everett Hooper, Address Lebanon, 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) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH 9 Feb 60
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): Generalized Arteriosclerosis Mild Diabetes mellitus

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 1937 to 1960 and last saw her/him alive on 9 Feb 60.
Death occurred at 1:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul A. Jenkins (Degree or title) MD
22b. ADDRESS Knight Bldg. Lebanon, Missouri
22c. DATE SIGNED 2-12-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem.
23d. LOCATION (City, town, or county) (State): Laclede County, Mo.

24. FUNERAL DIRECTOR: S. R. Palmer ADDRESS Lebanon Mo
25. DATE RECD. BY LOCAL REG.: 2-15-1960
26. REGISTRAR'S SIGNATURE: Nella E. Hay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Allyn Hasher

Signature of Student Embalmer

Licensed Embalmer No. 4333

P. O. Address Lebanon

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.