

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014507

FILED VS. MAY 5 1960 59

STATE FILE NUMBER

Registration District No. 4077 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		Length of stay in 1b 42 yrs.	c. CITY OR TOWN Pleasant Hill Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 610 N. Hi-way 7		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 610 N. Hi-way 7 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Samuel Last Hoover			4. DATE OF DEATH Month April Day 23 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/6/1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (City and state or country) Wayne County, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME David Allen Hoover		13b. MOTHER'S MAIDEN NAME Minerva Caudle		14. NAME OF HUSBAND OR WIFE Jessie Chaney Hoover		
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. 486-36-6427		17. INFORMANT Address Mrs. James Steele Pleasant Hill, Mo.		

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 Occlusion		INTERVAL BETWEEN ONSET AND DEATH 20 minutes
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. <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 checked="" 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.) coronary occlusion
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20c. TIME OF INJURY Hour 12:15 a.m. pm Month, Day, Year Apr 23, 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Pleasant Hill	COUNTY Cass	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him live on _____.
Death occurred at **12:15** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert C. Phillips D.C. Cass county coroner	22b. ADDRESS Harrisonville, Mo.	22c. DATE SIGNED 4/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/26/60	23c. NAME OF CEMETERY OR CREMATORY Sloan Cemetery	23d. LOCATION (City, town, or county) Pleasant Hill, Mo.
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24. FUNERAL DIRECTOR Brownfield-Stanley Pleasant Hill, Mo.	25. DATE RECD. BY LOCAL REG. 4-26-60	26. REGISTRAR'S SIGNATURE Mrs. Ray Sebee
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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 Raymond D. Alan

Licensed Embalmer No. 5008

P. O. Address Pleasant

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 also shall sign in his OWN handwriting.

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