

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS APR 22 1960 100

=60-016120

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>MAEON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MAEON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bevick</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bevick</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Jesse M. Hooper</u>	4. DATE OF DEATH Month Day Year <u>4 - 8 - 1960</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-30-73</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Cherry Box Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>US 9</u>
--	--	--	--

13a. FATHER'S NAME <u>John Hooper</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Selser</u>	14a. NAME OF HUSBAND OR WIFE <u>Amanda Hooper</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>374-05-846</u>	17. INFORMANT <u>Amanda Hooper, Bevick Mo</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
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
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.

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 _____, to _____ and last saw her him alive on _____
 Death occurred at 5:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Lester Sutton</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Macon, Mo</u>	22c. DATE SIGNED <u>4/9/1960</u>
--	-------------------------------------	----------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OLD MISSION Cem. Nevada</u>	23d. LOCATION (City, town, or county) (State) <u>Kanawha</u>
---	----------------------------	--	---

24. FUNERAL DIRECTOR <u>W. G. Edwards, Bevick Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4/9/60</u>	26. REGISTRAR'S SIGNATURE <u>Curtis M. Neely</u>
---	---------	---	---

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

J. H. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly

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.