

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 198

FILED MAR 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u> | | Length of stay in 1b <u>15 days</u> | c. CITY OR TOWN <u>Eldon</u> |
| c. FULL NAME OF (IF NOT in hospital, give location) <u>University of Mo. Med. Center</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>201 West 8th St.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Orville</u> Middle <u>M.</u> Last <u>Van Hooser</u> | | | 4. DATE OF DEATH Month <u>3</u> Day <u>23</u> Year <u>61</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>3-12-16</u> |
| 9. AGE (last birthday) <u>45</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Police Force</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Policeman</u> | 11. BIRTHPLACE (City and state or country) <u>Lebanon, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | 13a. FATHER'S NAME <u>Oscar Van Hooser</u> | 13b. MOTHER'S MAIDEN NAME <u>Montie Jobe</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Margie Van Hooser</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. |
| 17. INFORMANT <u>University of Mo. Medical Records</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>Hypoxia</u> DUE TO (b) <u>Atelectasis</u> DUE TO (c) <u>Carcinoma of Lung</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lobar pneumonia, massive pleural effusion</u> 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | | | |
| 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 <u>Eldon, Missouri</u> | | 20g. COUNTY <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>3/8/61</u> to <u>3/23/61</u> and last saw her alive on <u>3/23/61</u> Death occurred at <u>12:35</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John K. Leman MD</u> | | 22b. ADDRESS <u>University Hospital Columbia Mo</u> | |
| 22c. DATE SIGNED <u>3/23/61</u> | | 23. NAME OF CEMETERY OR CREMATORY <u>Daley</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>March 26, 1961</u> | |
| 23c. LOCATION (City, town, or county) <u>Eldon, Missouri</u> | | 23d. (State) <u>Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Phillips Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>March 23, 1961</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | | | |

VS MAR 28 1961 SA

VS JUL 1 1961 SA

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.