

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023742

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4514 Registrar's No. 61

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

3. NAME OF DECEASED (Type or print) First John Middle Marion Last Hoover	4. DATE OF DEATH Month 6 Day 19 Year 61
--	---

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 5, 1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HR Hours 14 Min.
--------------------	-------------------------------	---	--------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dade County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
--	-----------------------------------	--	---

13a. FATHER'S NAME Silas Hoover	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lillie 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.	17. INFORMANT Address Lillie Hoover- Hollister, Mo.
---	-------------------------	---

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)	Hydrostatic Pneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremic Uraemia, Phlebitis	
	DUE TO (c) Asthenia, senilis, Senility	
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 5:35 Month, Day, Year 6-19-61 a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
--	---	--	---

21. I attended the deceased from 6-3-61 to 6-19-61 and last saw ^{her} him live on 6-19-61 Death occurred at 6-19-61 - 5:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) Mary King, D.O.	22b. ADDRESS Forsythe, Mo.	22c. DATE SIGNED 6-26-61
--	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/61	23c. NAME OF CEMETERY OR CREMATORY Cedar Valley	23d. LOCATION (City, town, or county) (State) Near Hollister, Missouri
--	-----------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS Holt Memorial Chapel-Harrison, Ark.	25. DATE RECD. BY LOCAL REG. 6-26-61	26. REGISTRAR'S SIGNATURE Robert Campbell
--	--	---

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Genevieve Ragan

Licensed Embalmer No. 698

P. O. Address Harrison, Arkansas

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.