

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003356  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 62

AMENDED

**FILED FEB 14 1962**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>9Yrs; 12das.</b>	c. CITY OR TOWN <b>Kennett</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Unknown</b>
3. NAME OF DECEASED (Type or print) First <b>ROY</b> Middle <b>HOOPER</b> Last <b>HOOPER</b>		4. DATE OF DEATH Month <b>January</b> Day <b>9</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 26, 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pharmacist</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>66</b>
13a. FATHER'S NAME <b>John H. Hoover</b>		13b. MOTHER'S MAIDEN NAME <b>Donna Brackey</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>14</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>World War I</b>		16. SOCIAL SECURITY NO.	IF UNDER 24 HR Hours <b>14</b> Min.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gangrene of left foot - - - - - 2 wks.</b>		11. BIRTHPLACE (City and state or country) <b>Calhoun, Kentucky</b>	
DUE TO (b) <b>Arteriosclerosis obliterans - - - - - Aht. 1 yr.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE <b>Opal Hoover nee Utley</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Drug addiction (without psychosis) and bronchopneumonia.</b>		17. INFORMANT <b>Records, State Hospital No. 4, Farmington, Mo.</b>	
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 _____ 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 <b>Farmington, Missouri</b>	
20g. COUNTY _____ STATE _____		21. I attended the deceased from <b>Jan. 3, 1962</b> to <b>Jan. 9, 1962</b> and last saw him live on <b>Jan. 9, 1962</b>	
21. Death occurred at <b>1:15 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>William Ford</i>	
22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>		22c. DATE SIGNED <b>1-9-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 10, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Piggott Cemetery</b>
23d. LOCATION (City, town, or county) <b>Piggott, Arkansas</b>		24. FUNERAL DIRECTOR <b>Russell Funeral Home, Piggott, Arkansas</b>	
25. DATE RECD. BY LOCAL REG. <b>Jan 9, 1962</b>		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

APR 10 1962

VS FEB 14 1962

**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 CA Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington

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.