

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015272  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2247

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED  
4-30-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF  
Ohio

Jacksonville, Illinois

DOCUMENT

BY AFFIDAVIT OF Funeral Director

Otto M. Spurny

MEDICAL CERTIFICATION

<b>FILED MAY 14 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in lb <b>49 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3232 Benton Blvd</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX	
First <b>Charles</b> Middle <b>Hoover</b> Last <b>Hoover</b>		Month <b>4</b> Day <b>23</b> Year <b>62</b>		Male	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>8-18-1881</b>		9. AGE (last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hoover Bros.</b>		11. BIRTHPLACE (City and state or country) <b>Jacksonville, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Hoover</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Vallery</b>	
14. NAME OF HUSBAND OR WIFE <b>Stella Hoover</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>Mrs. Stella Hoover</b>		Address <b>3232 Benton</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:	
PART I. IMMEDIATE CAUSE (a) <b>LARYNGEAL OBSTRUCTION</b>		DUE TO (b) <b>BULBAR PARESIS</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		INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b> <b>2 month</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 a.m. p.m. Month, Day, Year		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>4/20/62</b> to <b>4/23/62</b>		20g. COUNTY <b>4/23/62</b>		20h. STATE	
21. I attended the deceased from Death occurred at <b>10:45 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.		21a. SIGNATURE (Degree or title) <b>Otto M Spurny MD</b>		21b. ADDRESS <b>409 E 63RD K.C. Mo</b>	
21c. DATE SIGNED <b>4/24/62</b>		22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE <b>4-26-62</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>		22d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		22e. STATE	
23. GENERAL DIRECTOR ADDRESS <b>Melody-McGibby-Eylar Funeral Home</b>		23a. DATE RECD. BY LOCAL REG. <b>4-24-62</b>		23b. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	
23c. ADDRESS <b>Woodland</b>		23d. DATE RECD. BY LOCAL REG. <b>4-24-62</b>		23e. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 James E. Hackleman

Licensed Embalmer No. MO #4573

P. O. Address Kansas City Mo

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.