

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037301

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 334 Primary Registration District No. 6084 Registrar's No. 198

FILED OCT 8 1962

VS 300
Rev. 4/59

6970

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>U.S. Highway 40</u>		c. CITY OR TOWN <u>Hd. Sect Richards-Gebaur AFB</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GARY E. Hooks</u>		4. DATE OF DEATH Month Day Year <u>Oct. 5 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AFC</u>	11. BIRTHPLACE (City and state or country) <u>Dallas, Texas</u>
13a. FATHER'S NAME <u>W E Hooks</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 8/15/60 - 10/5/62</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Records Richards-Gebaur AFB</u>		17. ADDRESS <u>None</u>	
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) <u>Fractured Skull Median line</u>			<u>15-17-77</u>
DUE TO (b) <u>Crushed right chest</u>			
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Head on car collision</u>	
20c. TIME OF INJURY Hour: <u>9:45</u> am: <u>45</u> p.m.: <u>45</u> Month, Day, Year <u>10-5-62</u>	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.) <u>Highway 40, 7 M. S. Marshall, Blackwater Saline Mo</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Saline MO</u>
21. I attended the deceased from <u>Investigation</u> to <u>10-6-62</u> and last saw her/him alive on <u>10-5-62</u> . Death occurred at <u>9:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. L. Lawless M.D., Coroner Saline Co.</u>		22b. ADDRESS <u>Marshall Mo</u>	
22c. DATE SIGNED <u>10-6-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10/6/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bangor Ford Funeral Home</u>	23d. LOCATION (City, town, or county) (State) <u>Saline MO</u>
24. FUNERAL DIRECTOR <u>Gene Miller Sweet Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 6-62</u>	26. REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Cheryl Miller

Licensed Embalmer No. 2783

P. O. Address South Spring, 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.