

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **370709**

FILED DEC 11 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **564**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 417 S CARTER	
d. FULL NAME OF HOSPITAL OR INSTITUTION 725 E OHIO ST			

3. NAME OF DECEASED (Type or Print) a. (First) BERT b. (Middle) X c. (Last) VAN HOOZER			4. DATE OF DEATH (Month) (Day) (Year) DEC 3 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG 1 1893		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton Co Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MOSES VAN HOOZER		13b. MOTHER'S MAIDEN NAME ROSA HUFF		14. NAME OF HUSBAND OR WIFE CLARA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0		16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME Clara Van Hoozer	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION			18. INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUE TO (b) _____		DUE TO (c) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Deility.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 1950**, to **Dec 3 1951**, that I last saw the deceased alive on **Dec 3 1951**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) Robert Hasbick, M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 12/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/5/51		24c. NAME OF CEMETERY OR CREMATORY ENGLWOOD CEM	
24d. LOCATION (City, town, or county) (State) Clinton Mo		DATE REC'D BY LOCAL REG. Dec-5-51			
REGISTRAR'S SIGNATURE Florence Adair		422		25. FUNERAL DIRECTOR'S SIGNATURE Consolidated	
				ADDRESS Clinton Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 10 1951

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
Student Embalmer

Signed

J E Lonsolun

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.