

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005285

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 741

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>		
b. CITY OR TOWN <u>WINDSOR</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WINDSOR</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WINDSOR HOSPITAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>405 S. FRANKLIN</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>OTTO</u> Middle <u>EARL</u> Last <u>HOOVER</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 13, 1895</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE RURAL</u>		11. BIRTHPLACE (City and state or country) <u>HENRY COUNTY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM HOOVER</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE MALCOLM</u>	
14. NAME OF HUSBAND OR WIFE <u>IRENE MILLER HOOVER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>MRS IRENE HOOVER</u>		Address <u>WINDSOR</u>		18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Artery Disease</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) _____	
INTERVAL BETWEEN ONSET AND DEATH <u>36 Hrs</u> <u>1 1/2 yrs.</u>		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 <u>WINDSOR</u>		COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>3-26-57</u> , to <u>2-20-58</u> and last saw her alive on <u>2-20-58</u> Death occurred at <u>10:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		SIGNATURE (Degree or title) <u>Gardner Thurber MD</u>		22b. ADDRESS <u>Windsor Mo.</u>	
22c. DATE SIGNED <u>2-23-58</u>		23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 23, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		23d. LOCATION (City, town, or county) <u>SEDALIA, MISSOURI</u>		(State)	
24. FUNERAL DIRECTOR <u>Wm Ewing Sedalia Mo</u>		ADDRESS <u>3-3-58</u>		25. DATE RECD. BY LOCAL REG. <u>3-3-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 16 1958

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 *Thomas Ewing*

Licensed Embalmer No. *3547*

P. O. Address *Rollins*

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.