

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013965

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 778

S. 300

1-57

2290

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN Clinton | | c. CITY OR TOWN Clinton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital | | d. STREET ADDRESS (If outside, give location) 310 So. Main | |
| 3. NAME OF DECEASED (Type or print) First John Middle T. Last Hoover | | 4. DATE OF DEATH Month April Day 13 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 6, 1874 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired FARMER | | 11. BIRTHPLACE (City and state or country) Henry Co. Mo. | 9. AGE (In years last birthday) 83 |
| 13a. FATHER'S NAME Aaron Timothy Hoover | | 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Waddel | 14. NAME OF HUSBAND OR WIFE Deceased |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Edgar Hoover, Clinton, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Innervation and Debility due to Metastatic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PRIMARY Site Rt. Buccal Area DUE TO (c) Months PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 144X | | | INTERVAL BETWEEN ONSET AND DEATH 10-15 days Months Months |
| 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from March 1, 1958 to 4-13-58 and last saw him alive on April 13, 1958 Death occurred at 11:20 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Arturo Gonzalez (Degree or title) | | 22b. ADDRESS 717 E. Jefferson, Clinton, | |
| 22c. DATE SIGNED 4-14-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 14, 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery | | 23d. LOCATION (City, town, or county) (State) Clinton, Mo. | |
| 24. FUNERAL DIRECTOR H.A. Hansant, Clinton, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-14-58 | |
| 26. REGISTRAR'S SIGNATURE Mildred Bigum | | | |

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 *H. A. Vansant*

Licensed Embalmer No. *3779*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.