

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**67 0001359**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 8

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JAN 9 1967**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Urich</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R. 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Ollie Artha Hoover</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>7</b> Year <b>1967</b>	
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5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-16-1873</b>	9. AGE (last birthday) <b>93</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Home</b>	11. BIRTHPLACE (City and state or country) <b>Clinton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John R. Rivers</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>David Hoover.</b>
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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>486-56-4117</b>	17. INFORMANT Address <b>Mrs Viola Page, Urich, Mo.</b>
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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) <b>medullary prolapse</b>		<b>months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Central vascular thrombosis</b>	<b>2 weeks</b>
	DUE TO (c) <b>Cerebral atherosclerosis</b>	<b>year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>pneumonia</b>		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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from 10/1/66 to 1/7/67 and last saw her/him alive on 1/7/67  
Death occurred at 3:00 AM 1/7/67 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>J. C. Clouse DO</b>	(Degree or title)	22b. ADDRESS <b>105 E. Ohio Christian</b>	22c. DATE SIGNED <b>1/7/67</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-9-67</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Whiteoak</b>	23d. LOCATION (City, town, or county) <b>Urich, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Snow's Funeral Home, Urich, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>JAN. 7, 1967</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>
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USE BLACK INK OR TYPEWRITER RIBBON

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Permit obtained 1-7-66 [initials]

**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 Merle R Snow

Licensed Embalmer No. 4034

P. O. Address Urich mo.  
7 DL # 1960

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.