

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36208**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1386

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Ho spital		d. STREET ADDRESS (If rural, give location) 2005 Jones Street <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Mollie b. (Middle) Clara c. (Last) Hoover			4. DATE OF DEATH (Month) (Day) (Year) December 2, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 8, 1877.		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Days _____ IF UNDER 10 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri. <u>U</u>	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Gruschke		13b. MOTHER'S MAIDEN NAME Carolina Maudler		14. NAME OF HUSBAND OR WIFE John Hoover	
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (If yes, give war or dates of service) No ***** K		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edwin C. Hoover	
				ADDRESS St. Joseph, Missouri.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION			UNKNOWN
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			231X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from 2-6, 1950, to 12-2, 1950, that I last saw the deceased alive on 12-1, 1950, and that death occurred at 5:40A m., from the causes and on the date stated above.

23a. SIGNATURE Allen Sherman (Degree or title) M.D.		23b. ADDRESS 620 Francis St. Joseph, Mo		23c. DATE SIGNED 12-2-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery	
				24d. LOCATION (City, town, or county) (State) Union Star, Missouri.	

DATE REC'D BY LOCAL REG. Dec 8, 1950		REGISTRAR'S SIGNATURE Carl C. Casper		EMERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	
				ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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, *****

working under my personal supervision.

Student Embalmer No. *****

Signed

Raymond W. Marchea

Signed.....*** *****
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph Missouri.

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.