

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29426

FILED SEP 25 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5082 Registrar's No. 49

1. PLACE OF DEATH  
a. COUNTY Bates

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Bates

d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grand River c. LENGTH OF STAY (In this place) 2 years  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Grand River

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_ d. STREET ADDRESS (If rural, give location) 2 Miles ot Altona

3. NAME OF DECEASED  
a. (First) David b. (Middle) Taylor c. (Last) Hoover

4. DATE OF DEATH (Month) (Day) (Year) 9-19-1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 4-14-1875 9. AGE (In years last birthday) Months Days Hours Min. 76 5 5

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Near Ukich Missouri 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Timothy A. Hoover 13b. MOTHER'S MAIDEN NAME Mary M. Waddall 14. NAME OF HUSBAND OR WIFE Ollie A. Hoover

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'S SIGNATURE OR NAME Ollie A. Hoover ADDRESS Adrian, Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac failure

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 7824

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept. 19, 1951, to Sept. 19, 1951, that I last saw the deceased dead when I arrived and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Robinson M.D. 23b. ADDRESS Adrian, Mo 23c. DATE SIGNED 9-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) White Oak 24b. DATE 9-21-51 24c. NAME OF CEMETERY OR CREMATORY White Oak 24d. LOCATION (City, town, or county) (State) Near Ukich Missouri

DATE REC'D BY LOCAL REG. 9-20-1951 REGISTRAR'S SIGNATURE Mary Owens 25. FUNERAL DIRECTOR'S SIGNATURE Ernest Sittler ADDRESS \_\_\_\_\_

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

0070

RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-24-51 \_\_\_\_\_

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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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed *Adrian* \_\_\_\_\_

Licensed Embalmer No. 3650

P. O. Address *Adrian 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.