

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32288**

FILED OCT 3 1951

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4497** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) CLARENCE		c. CITY (If outside corporate limits, write RURAL and give township) CLARENCE	
c. LENGTH OF STAY (In this place) 26 yrs		OR TOWN CLARENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) U	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) RAY	b. (Middle) ALLEN	c. (Last) Hove	9-20-1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-3-1892	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Months 8 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY INSULATION WORK		11. BIRTHPLACE (State or foreign country) Mo	
13a. FATHER'S NAME John Hove		13b. MOTHER'S MAIDEN NAME Alice ALLEN		14. NAME OF HUSBAND OR WIFE Maude Hove	
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. 497-09-6368		17. INFORMANT'S SIGNATURE OR NAME mae cheser wood ADDRESS Clarence Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure				2 minutes	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) HYPERTENSIVE Heart Disease		5 Years	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **July 1, 1949**, to **Sept. 20, 1951**, that I last saw the deceased alive on **Sept. 20, 1951**, and that death occurred at **7:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Edrington D.D.		23b. ADDRESS Clarence Mo		23c. DATE SIGNED 9/21/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 19-23-1951		24c. NAME OF CEMETERY OR CREMATORY Rogers Chapel	
24d. LOCATION (City, town, or county) (State) Lentner Mo		DATE REC'D BY LOCAL REG. 9-27-51		REGISTRAR'S SIGNATURE Ada Garrison	
25. FUNERAL DIRECTOR'S SIGNATURE Hopper Funeral Home		ADDRESS Clarence Mo			

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

Date Received: OCT 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-1718
Date Filed: OCT 2 1951

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 _____

James E. Hopper

Signed.....

Student Embalmer

Licensed Embalmer No. 476

P. O. Address *Clarence, 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.