

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 211

DO NOT WRITE ON THIS STUB

9. 0
10a. 50
10b. 2
11. 0
12. 1
13. 827X
14. VS 300
15. 9
16. 33
17. 007.
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0425

5. 2

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0070

PARENTS

CAUSE

CERTIFIER

DECEASED—NAME FIRST MIDDLE LAST Ivan Claude Hoover			SEX M	DATE OF DEATH (MONTH, DAY, YEAR) Sept. 13, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (I SPECIFY IN 4) White		AGE—LAST BIRTHDAY (YEARS) MO. DAYS 30	UNDER 1 YEAR HOURS MIN. Mar. 7, 1918	DATE OF BIRTH (MONTH, DAY, YEAR) Mar. 7, 1918	
CITY, TOWN, OR LOCATION OF DEATH Clinton			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Wetzel Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married.		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Margaret G. Hoover
SOCIAL SECURITY NUMBER 496-16-4812		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF 'WORKING' YEARS, EVEN IF RETIRED) Farming		KIND OF BUSINESS OR INDUSTRY Farm	
RESIDENCE—STATE Missouri	COUNTY Bates	CITY, TOWN, OR LOCATION RFD, Urich		INSIDE CITY LIMITS (SPECIFY YES OR NO) No	STREET AND NUMBER 14c.
FATHER—NAME FIRST MIDDLE LAST David T. Hoover			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ollie A. Hoover		
INFORMANT—NAME Mrs. Margaret G. Hoover			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Urich, Mo., 64788		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO, OR AS A CONSEQUENCE OF:					40 min.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (GIVING THE UNDERLYING CAUSE LAST) (b) Fracture Cervical Vertebrae DUE TO, OR AS A CONSEQUENCE OF:					
(c) Fall from horse					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					AUTOPSY (YES OR NO) 19c.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Accident		DATE OF INJURY (MONTH, DAY, YEAR) SEPT 13 68	HOUR 1	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 18c.	
INJURY AT WORK (SPECIFY YES OR NO) Yes		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) farm	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) Urich, Mo.		
CERTIFICATION—PHYSICIAN: MONTH DAY YEAR TO MONTH DAY YEAR 19c.			AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 19d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 19e.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 20c.			HOUR OF DEATH MONTH DAY YEAR HOUR 20d.		
CERTIFIER—NAME (TYPE OR PRINT) Carroll P. Wetzel		SIGNATURE <i>Carroll P. Wetzel</i>		DATE SIGNED (MONTH, DAY, YEAR) 9-14-68	
MAILING ADDRESS—CERTIFIER E. Ohio Clinton		CITY OR TOWN Clinton		STATE Mo	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME White Oak		LOCATION CITY OR TOWN STATE Urich, Missouri	
DATE (MONTH, DAY, YEAR) Sept. 16, 1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Snow's Funeral Home, 201 E. 4th St. Urich, Mo.			
FUNERAL DIRECTOR—SIGNATURE <i>Mildred Snow</i>		REGISTRAR—SIGNATURE <i>Mildred Biggers</i>		DATE RECEIVED BY LOCAL REGISTRAR Sept. 17, 1968	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9-27-68
89-6-01

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 Snow

Licensed Embalmer No. 4034

P. O. Address Ulrich, 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.