

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9880

FILED MAR 23 1956

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>		
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR <u>Walker</u> TOWN			c. CITY OR TOWN <u>Rt #1 Centertown Mo</u>		
c. FULL NAME OF (If NOT in hospital, give location) <u>Rt #1 Centertown</u>			d. STREET ADDRESS <u>Old St</u>		
3. NAME OF DECEASED (Type or print) First <u>Sherden</u> Middle <u></u> Last <u>Hooley</u>			4. DATE OF DEATH Month <u>2</u> Day <u>11</u> Year <u>56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 28-1886</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Arkansas Madison</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Alexander Hooley</u>		
14. MOTHER'S MAIDEN NAME <u>Un Known</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Virginia Hooley</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Patent Foramen Oculum</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>3 + yrs</u>
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.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. p. m.					
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	
21. I attended the deceased from <u>5/28/53</u> to <u>12/13/55</u> and last saw her alive on <u>5/28/56</u> Death occurred at <u>5/28/56</u> <u>11 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R B Zulk</u> (Degree or title)			22b. ADDRESS <u>California Mo</u>		22c. DATE SIGNED <u>2-11-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/15/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gamble Farm</u>		23d. LOCATION (City, town, or county) (State) <u>Rural Moniteau Co</u>	
24. FUNERAL DIRECTOR <u>Earl Bowler</u>		ADDRESS <u>California</u>		25. DATE RECD. BY LOCAL REG. <u>2/17/56</u>	
26. REGISTRAR'S SIGNATURE <u>H L Pappas</u>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jack H. Bowlin*.....

Licensed Embalmer No. *H*.....

P. O. Address *Calif.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.