

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15118**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **1249**

No. 300  
10.48  
16  
4  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b> <i>Stay in this place</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Central Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #3, Perryville</b>	

3. NAME OF DECEASED a. (First) <b>Roger</b> b. (Middle) <b>Cletus</b> c. (Last) <b>Hotop</b>			4. DATE OF DEATH <b>May 7, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>July 4, 1947</b>	9. AGE (In years last birthday) <b>1</b>	# UNDER 1-YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Perryville, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Cletus Hotop</b>		13b. MOTHER'S MAIDEN NAME <b>Rosella Blanc</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cletus Hotop, Perryville, Mo. R#3.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushing Chest and Abdominal Intergut Injuries</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>27</b>
	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Perryville Mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Perryville Mo Perry Mo</b>
21d. TIME OF INJURY <b>5 MAY 7 - 49</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Backing car out of driveway</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>E.P. Bricker</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>4-S. Pacific St Cape Girardeau Mo</b>	23c. DATE SIGNED <b>May 7 1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 10, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery,</b>
		24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>

DATE REC'D BY LOCAL REG. <b>5-9-1949</b>	REGISTRAR'S SIGNATURE <b>L.C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b> ADDRESS <b>Perryville, Mo.</b>
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(Licensed Embalmers' Statements on Reverse Side)

RECEIVED

Health Officer No. 4  
File Number 549-64  
Date Filed 5-16-48

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.

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

Signed Albert Bey  
Licensed Embalmer No. 3866

P. O. Address Perryville, 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.