

FILED MAY 19 1949
Dr. Aldridge

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15313

State File No.

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 118

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>319 Adams Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>None</u> c. (Last) <u>Hone, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec-24-1870</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>	11. BIRTHPLACE (State or foreign country) <u>Edinburg, Scotland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Hope, Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Tillans</u>		14. NAME OF HUSBAND OR WIFE <u>Lily Hope</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Hope</u>		ADDRESS <u>Jefferson City, Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute nephritis</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>tumor of Prostate</u>	
19a. DATE OF OPERATION <u>5-8-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>tumor of Prostate, bleeding with obstruction of ureters</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
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) m.	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 <u>May 7, 1949</u> , to <u>May 9, 1949</u> , that I last saw the deceased alive on <u>May 9, 1949</u> , and that death occurred at <u>5 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. R. P. Davis</u> (Degree or title)		23b. ADDRESS <u>234 Madison St. St. Louis, Mo</u>	
23c. DATE SIGNED <u>5/10/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Jefferson City, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Gordon</u>	
24f. ADDRESS <u>Jefferson City, Mo</u>		DATE REC'D BY LOCAL REG. <u>May 10-49</u>	

(Licensed Embalmer's Statement for Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number

MAY 18 1949

Date Filed

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

J. H. Houser

Signed

Student Embalmer

Licensed Embalmer No.

1579

P. O. Address

Jefferson City, 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.