

No. 300
10-48

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **247779**
6182

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>NR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Barnes Hospital,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Fields</u> c. (Last) <u>Fields</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 13, 1886</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Stoddard Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Louis Hopper</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Riddle</u>		14. NAME OF HUSBAND OR WIFE <u>Elijah Fields</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 ADDRESS <u>Norma Rogers, 1434 Collins</u>	

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) <u>Metastatic carcinoma of brain</u>				<u>4 mos.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Primary carcinoma of breast</u>		<u>7 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>July 13, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastatic carcinoma of brain</u>		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) <u>50</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>	

22. I hereby certify that I attended the deceased from 7-7, 1949 to 7-14, 1949, that I last saw the deceased alive on 7-7, 1949, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. L. Swadley, M.D.</u>		23b. ADDRESS <u>Barnes Hospital,</u>		23c. DATE SIGNED <u>7-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
				24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>JUL 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

J. W. M. Berkeley

Licensed Embalmer No. _____

3653

P. O. Address _____

St. Louis, 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.