

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26759

BIRTH NO. 47624-49 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON RR2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo</u>	
c. LENGTH OF STAY (in this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARCIA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>Tope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 11 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>AUG 17 1948</u>		9. AGE (In years last birthday) <u>11</u>		10. IF UNDER 1 YEAR Days <u>25</u> Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		
11. BIRTHPLACE (State or foreign country) <u>CLINTON MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>RICHARD M TOPE</u>		13b. MOTHER'S MAIDEN NAME <u>Helena Jade Raymond</u>		14. NAME OF HUSBAND OR WIFE <u>Richard M Tope</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard M Tope</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL BIRTH INJURY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR</u>	
		ANTECEDENT CAUSES Morbidity 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. <u>None</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11 Aug 1949, to 11 Aug 1949, that I last saw the deceased alive on 11 Aug 1949, and that death occurred at 8 P M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD Coroner</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>12 Aug 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem Clinton Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Consolva</u>		ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 13 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422	

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

RECEIVED
District Health Officer No. 7
District File Number 7-48-972
Date Filed 8-15-49

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *J. E. Connelley* _____

Licensed Embalmer No. *1891* _____

P. O. Address *Clinton, 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.