

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1949

40174

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>319</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Route 4</u>			
3. NAME OF DECEASED a. (First) <u>John</u>			b. (Middle) <u>Hopper</u>		c. (Last) <u>Hopper</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 19 1893</u>		9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>00</u>		11. DAYS <u>4</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 <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Barney Hopper</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Cunningham</u>		14. NAME OF HUSBAND OR WIFE <u>M. Carrie Hopper</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>M. Carrie Hopper</u>		ADDRESS <u>Columbia 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>Subarachnoid hemorrhage -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>			
ANTECEDENT CAUSES <u>Spontaneous, non-traumatic</u>				DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		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>Nov. 25 1949</u> , to <u>Dec 23 1949</u> , that I last saw the deceased alive on <u>Dec 23 1949</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roland P. Saderson MD.</u>				23b. ADDRESS <u>16 D. 10th St. Columbia</u>		23c. DATE SIGNED <u>12-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 23 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Willett</u>		ADDRESS <u>Columbia</u>	

-----District File Number-----

District Health Officer No. 9

RECEIVED DEC 27 1919

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 *Edward H. Spink*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.