

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41867

State File No.

FILED DEC 23 1949

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>	
c. LENGTH OF STAY (In this place) <u>15 Minutes</u>		d. STREET... ADDRESS (If rural, give location) <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLARD JR. HOPPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>7</u>	
8. DATE OF BIRTH <u>9-23-37</u>		9. AGE (In years last birthday) <u>12</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>	
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) <u>Stella, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Hopper</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Bural</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Hopper, Granby 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		INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in abdomen inflicted accidentally</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abdomen inflicted accidentally</u> DUE TO (c) <u>by .22 rifle held by John Douthett</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Basement of Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Granby Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 17, 1949 1 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Exp. examined by boys was accidentally discharged</u> <u>73</u>	

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 (Degree or title) <u>Cooley Thompson, Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>		23c. DATE SIGNED <u>12/17/1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Stella Mo.</u>		DATE REC'D BY LOCAL REG. <u>Dec 19-1949</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Belver - Sheu-make, Granby Mo</u>					

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

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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 1249-242

Date Filed DEC 21 1949

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 G. E. Clevver.....

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.