

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43469**

FILED DEC 27 1949

BIRTH NO. _____		REG. DIST. NO. 349		PRIMARY REG. DIST. NO. 6177		Registrar's No. 246	
1. PLACE OF DEATH a. COUNTY SULLIVAN				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Missouri b. COUNTY SULLIVAN			
b. CITY (If outside corporate limits, write RURAL and give town) Rural - Buchanan		c. LENGTH OF STAY (In this place) (township) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Buchanan			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. N.E. of Green City				d. STREET ADDRESS (If rural, give location) 5 mi. N.E. of Green City			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) ARTHUR		c. (Last) HOPPER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 13, 1902	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Hopper		13b. MOTHER'S MAIDEN NAME Ida Jane Tolander		14. NAME OF HUSBAND OR WIFE Leora Hopper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Leora Hopper		ADDRESS Green City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia				3 days	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Congestive Heart Failure				7 weeks	
		DUE TO (c) Auricular Fibrillation				7 weeks	
		II. OTHER SIGNIFICANT CONDITIONS				4331	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input 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 March 11, 1948 , to November 5, 1949 , that I last saw the deceased alive on November 5, 1949 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. D. Smith (Degree or title)				23b. ADDRESS Green City, Mo		23c. DATE SIGNED Nov. 8, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Hawkeye		24d. LOCATION (City, town, or county) (State) Sullivan Mo	
DATE REC'D BY LOCAL REG. Nov. 12, 1949		REGISTRAR'S SIGNATURE Laura Cattell		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Hunt		ADDRESS Green City, Mo	

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

RECEIVED DEC 1 1949
District Health Officer No. 10
District File Number 12-49-213
DEC 1 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 Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green 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.