

NO. 300
10.48

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1882
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 4

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> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Frederick</u>	c. (Last) <u>Hopper</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 19 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5-5-1932</u>	9. AGE (In years last birthday) <u>17</u> <u>8</u> <u>17</u> <u>14</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Student</u>	11. BIRTHPLACE (State or foreign country) <u>Granby Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Hopper</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Bural</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ruth Hopper</u>
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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 <u>Mrs. Ruth Hopper</u>	ADDRESS <u>Granby Mo</u>
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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>Asphyxiation</u>		
	ANTECEDENT CAUSES Morbid conditions; if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>over come by smoke when</u> DUE TO (c) <u>home burned</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Burned over entire body 89/60</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Granby</u> (STATE) <u>Mo</u> <u>73</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 23, 1950 10:30 a.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>Home burned</u>
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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 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Corley Thompson, Coroner</u>	23b. ADDRESS <u>Newark Missouri</u>	23c. DATE SIGNED <u>1/19/1950</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>1-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green</u>	24d. LOCATION (City, town, or county) (State) <u>Boulder City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 23, 1950</u>	REGISTRAR'S SIGNATURE <u>M. J. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver - Shewmate</u>	ADDRESS <u>Granby Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

130

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 150-23
Date Filed JAN 25 1950

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.