

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

4584

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5507 Registrar's No. 45

0420

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

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) OR TOWN <u>LADUE, Davis Twp.</u>		c. LENGTH OF STAY (in this place) <u>30 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADUE</u>		0420
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DAVIS TOWNSHIP</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARLOW</u> b. (Middle) <u>BRYANT</u> c. (Last) <u>HOLLOPETER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27, 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 31, 1859</u>	9. AGE (In years last birthday) <u>91</u>	10. IF UNDER 1 YEAR Days <u>5</u> IF UNDER 1 HRS. Hours <u>26</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY + BANKING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>FREDERICK HOLLOPETER</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTIANA TROY</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA HOLLOPETER</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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Hollopeter, Ladue, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS* 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 checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Feb 20, 1951, to Feb 25, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 10:20 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Baggerly MD U</u>		23b. ADDRESS <u>Montrose Mo</u>		23c. DATE SIGNED <u>2-28-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TEAYS CHAPEL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Mar 5-51</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. A. Vansant, Clinton, Mo.</u>			
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RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-5-51 \_\_\_\_\_

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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 H. D. Vaisant

Licensed Embalmer No. 3779

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.