

FILED MAR 12 1951

STANDARD CERTIFICATE OF DEATH

Hamp # 9289
State File No.

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6202 Registrar's No.

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural Summersville, MO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) rural			

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3. NAME OF DECEASED (Type or Print) John Perry Stoops			4. DATE OF DEATH (Month) (Day) (Year) Feb, 15 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Summersville, MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Michel Stoops		13b. MOTHER'S MAIDEN NAME Rebecca Sanders		14. NAME OF HUSBAND OR WIFE Issabelle Stoops	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Issabelle Stoops Summersville, MO	

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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial Hypertension					
		DUE TO (c) Chronic Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4214	
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)		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)		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 Feb 15, 1951 to Feb 15, 1951, that I last saw the deceased alive on Feb 15, 1951, and that death occurred at 6:17 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Lawrence Hampton, D.O.</i>		23b. ADDRESS <i>Summersville</i>		23c. DATE SIGNED <i>Feb 20</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 18-51		24c. NAME OF CEMETERY OR CREMATORY Bethel Cem	
24d. LOCATION (City, town, or county) (State) Summersville Mo		DATE REC'D BY LOCAL REG Feb 27-51			
REGISTRAR'S SIGNATURE <i>Anna Roberts</i>		433		SUNSHINE FUNERAL HOME MOUNTAIN VIEW, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 6 1957

Dist. File 351-454

Date Filed 3-6-57

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

John J. Duncan
Licensed Embalmer No. 2516

P. O. Address Box View Me

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.