

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12415
State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 183-6 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Howell

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain view c. LENGTH OF STAY (In this place) 1 year
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain view Haldsburg T.

d. FULL NAME OF HOSPITAL OR INSTITUTION Haldsburg Hosp d. STREET ADDRESS 19-12 # 2 0460

3. NAME OF DECEASED a. (First) Harrison b. (Middle) Joseph c. (Last) Hopper 4. DATE OF DEATH (Month) (Day) (Year) April 3-1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 16-1885 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 66 0 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road 10b. KIND OF BUSINESS OR INDUSTRY New York Cen. 11. BIRTHPLACE (State or foreign country) Dahlgren, Iowa 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Hopper 13b. MOTHER'S MAIDEN NAME Martha Figg 14. NAME OF HUSBAND OR WIFE Grace Burns

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 ADDRESS Cleo D Hopper at 1 Kankakee, Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential Hypertension INTERVAL BETWEEN ONSET AND DEATH 1 yr
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis 2000 yrs
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 NO 447X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Mar 1951 to Apr 3, 1951, that I last saw the deceased alive on Apr 2, 1951, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) PO Nevens MD 23b. ADDRESS Mtn View Mo 23c. DATE SIGNED 4-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 4-5-51 24c. NAME OF CEMETERY OR CREMATORY Aroma Park 24d. LOCATION (City, town, or county) (State) Aroma Park, Ill.

DATE REC'D BY LOCAL REG 4-5-1951 REGISTRAR'S SIGNATURE Laura Mitchell 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH DEPT. OF HEALTH

District No. 5 - Springfield

RECEIVED APR 9 1951

Dist. File 437-337

Date Filed 4-11-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
John J. Armean
Licensed Embalmer No. 2576

P. O. Address

111 View St

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.