

No. 300  
10.48

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19348  
84

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	c. LENGTH OF STAY (in this place) 33 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	0043
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 E. Vine St.		d. STREET ADDRESS (If rural, give location) 217 E. Vine St.	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) CLARK c. (Last) HOLLOPETER			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH May 7, 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 Wk. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Printer		10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (State or foreign country) Brighton, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John A. Hollopeter		13b. MOTHER'S MAIDEN NAME Mary Dey		14. NAME OF HUSBAND OR WIFE Ada Hollopeter	
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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) No	16. SOCIAL SECURITY NO. 491 05 7596	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Hollopeter, Mexico, Mo.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coroner's Case, no jury found dead in his home, unattended by a physician.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>No evidence of violence or foul play of any kind.</i> DUE TO (b) <i>his home, unattended by a physician.</i> DUE TO (c) <i>No history of organic trouble.</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Death was probably caused by</i>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION <i>a circulatory condition</i>		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) Mexico, Audrain Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from *Un attended by a physician* and that death occurred at *1:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. C. Adams, M.D., Coroner</i>		23b. ADDRESS <i>Mexico, Mo.</i>	23c. DATE SIGNED <i>6-10-57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 18, 51	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
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DATE REC'D BY LOCAL REG. June 11-1951	REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>June E. Smith</i>	ADDRESS Mexico, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1043

Date Received: JUN 18 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-1091  
Date Filed: JUN 18 1951

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Ralph L. Hueston*  
Licensed Embalmer No. 4687

P. O. Address Mexico, 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.