

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32176

FILED OCT 5 1951

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3288

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY JERSEY | |
| b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS | | c. CITY (If outside corporate limits, write RURAL and give township) GRAFTON | |
| c. LENGTH OF STAY (in this place) 1 DAY | | d. STREET ADDRESS (If rural, give location) RURAL ROUTE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION | | | |

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|--|------------------------|--|---|------------------------------------|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JESSE c. (Last) HOOPER | | | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29 1951 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 10-30-93 | 9. AGE (In years last birthday) 57 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) FIELDON, ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---------------------------------------|--|---|--|
| 13a. FATHER'S NAME FRED HOOPER | | 13b. MOTHER'S MAIDEN NAME ETTA MURPHY | | 14. NAME OF HUSBAND OR WIFE ADA HOOPER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS | |
| (If yes, give war or dates of service) WW I | | | | ADDRESS JEFFERSON BRKS, MO. | |

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|--|--|----------------------------------|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE LEPTOMENINGITIS, TYPE UNDETERMINED | | | | | | |
| * This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS | | | | |
| ANTECEDENT CAUSES | | DIABETES MELLITUS | | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) - - - - - | | | | |
| | | DUE TO (c) - - - - - | | | | |

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|--|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute) | | 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 9-28-51, 1951, to 9-29-51, 1951, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

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|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree of title) M.D. | | 23b. ADDRESS VAH JEFFERSON BRKS, MO. | | 23c. DATE SIGNED 9-29-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-2-51 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | |
| 24d. LOCATION (City, town, or county) (State) Madison County Ill | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jacoby, Jerseyville Ill | | | |
| DATE REC'D BY LOCAL REG. 9-30-51 | | REGISTRAR'S SIGNATURE Herbert A. Dombke | | | |

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 Robert J. Haines.....

Licensed Embalmer No. 4128.....

P. O. Address St. Louis 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.