

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **323**

FILED JAN 21 1952

47

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>1120 Main</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Francis</b>		c. (Last) <b>Soper</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>January 10, 1952</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>September 12, 1873</b>	9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>proprietor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>hotel</b>	11. BIRTHPLACE (State or foreign country) <b>Chariton, Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>J. F. Soper</b>		13b. MOTHER'S MAIDEN NAME <b>Annis E. Chatfield</b>	14. NAME OF HUSBAND OR WIFE <b>unk.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lumbach, 1120 Main St., St. Joseph, Mo.</b>	
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) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis - general</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1-7-52</b>
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) m.	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 <b>Jan 8, 1952</b> , to <b>Jan 10, 1952</b> , that I last saw the deceased alive on <b>Jan 9, 1952</b> , and that death occurred at <b>5:50a. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>J. P. Soper</b>		(Degree or title) <b>D. M. D.</b>	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>1-10-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>	24b. DATE <b>1/14/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Jan 17, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Castet</b>	446	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Heaton-Burman</b> ADDRESS <b>Funeral Home - St Joseph Mo.</b>	

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

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.

Student Embalmer No. ....

Signed

*James B. Hawkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Omaha

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.