

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21587**

FILED JUL 10 1952

BIRTH NO.

REG. DIST. NO. **301**PRIMARY REG. DIST. NO. **6043**Registrar's No. **294**

1. PLACE OF DEATH

a. COUNTY

~~The~~ Ripley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo.

b. COUNTY

Ripley

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fairdealing Star Route 2 yrs.**

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fairdealing Star Route 0910**d. FULL NAME OF HOSPITAL OR INSTITUTION **Fairdealing, Mo.**

d. STREET ADDRESS (If rural, give location)

Fairdealing, Mo.

0

3. NAME OF DECEASED

a. (First)

Thomas

b. (Middle)

Coleman

c. (Last)

Hopper

4. DATE OF DEATH

(Month)

(Day)

(Year)

6-10-1952

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

widowed 2

8. DATE OF BIRTH

7-11-1876

9. AGE (In years last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

John Quincy Hopper

13b. MOTHER'S MAIDEN NAME

China Owens

14. NAME OF HUSBAND OR WIFE

Mary Ellen Hopper

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

Mrs. Alma Bullock Fairdealing, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

Lobar Pneumonia, weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (Min.)

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 **6-1-52**, to **6-10-52**, that I last saw the deceased alive on **6-10-52**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23a. SIGNATURE

C. G. Smith M.D.

23b. ADDRESS

0 Doniphan Ave

23c. DATE SIGNED

6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6-11-1952

24c. NAME OF CEMETERY OR CREMATORY

Poyner Cemetery

24d. LOCATION (City, town, or county)

Poyner, Mo.

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

C. G. Smith 277

25. FUNERAL DIRECTOR'S SIGNATURE

Black-Edwards Funeral Home Doniphan,

ADDRESS

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

0910

Photo for file

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 George A. Perley.....

Licensed Embalmer No. 4752.....

P. O. Address Dorphan, 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.