

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42313

LED JAN 5 1953

Registrar's No. 5547

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 3825 E. 8 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Hoppe			4. DATE OF DEATH (Month) (Day) (Year) 12 16 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1922	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days 3 19 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent		10b. KIND OF BUSINESS OR INDUSTRY WILCOX MFG. CO.	11. BIRTHPLACE (City and State or Foreign Country) Clinton, Mo.	12. CITIZENRY OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry W. Hoppe	13b. MOTHER'S MAIDEN NAME Mary E. Glasscock	14. NAME OF HUSBAND OR WIFE Lois E. Hoppe
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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. 493-22-3188	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lois Hoppe	ADDRESS 3825 E. 8 St., KCMO.
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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		INTERVAL BETWEEN ONSET AND DEATH 592h
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Acute + Chronic Nephritis		
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 <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-28, to 12-16, 1952, that I last saw the deceased alive on 12-16, 1952, and that death occurred at 12:35P m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Haight	(Degree or title) MD	23b. ADDRESS 3401 E 12th KC Mo	23c. DATE SIGNED 12-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-18-52	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) Clinton MO.
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DATE REC'D BY LOCAL REG. 12-18-52	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS KCMO.
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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

Melvin Barton

Student Embalmer No. *738*

working under my personal supervision.

Student *Melvin Barton*
Student Embalmer

Signed *F. L. Schubert*

Licensed Embalmer No. *4613*

P. O. Address *Admission*

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.