

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18744**

No. 300  
10.48

FILED JUN 13 1953

BIRTH NO. 90278 REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Etterville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Etterville</b> <b>0660</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHERYLL</b> b. (Middle) <b>DARLENE</b> c. (Last) <b>HOPPE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 18 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 9 1952</b>	9. AGE (In years last birthday) <b>5</b>	10. UNDER 1 YEAR <b>0</b> 11. UNDER 6 HRS. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tuscumbia, Missouri</b>	
13a. FATHER'S NAME <b>Josy Schmitzberger</b>			13b. MOTHER'S MAIDEN NAME <b>Gertrude L. Hoppe</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Hoppe</b> ADDRESS <b>Etterville, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CASTRO-ENTERITIS</b></b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) 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 May 17, 1953, to May 18, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 2: P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. S. Humphreys, D.O.</b>		23b. ADDRESS <b>Tuscumbia, Mo.</b>		23c. DATE SIGNED <b>5-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 19, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graceland</b>	
24d. LOCATION (City, town, or county) (State) <b>Racine, Wisconsin</b>					

DATE REC'D BY LOCAL REG. <b>May 23, 53</b>		REGISTRAR'S SIGNATURE <b>Adelberta Wolf</b>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Miss D. Phillips Tullane</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECORDED  
INDEXED

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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\_\_\_\_\_

Louis D. Phillips

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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.