

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20980

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>El Dorado Springs</u>	c. LENGTH OF STAY (in this place) <u>2 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Roths Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>West Spring St.</u>	

3. NAME OF DECEASED (Type or Print) <u>James T. Hoppes</u>	a. (First) <u>James</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Hoppes</u>	4. DATE OF DEATH <u>June 8, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25, 1869</u>	9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 15 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mail carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Joseph Hoppes</u>	13b. MOTHER'S MAIDEN NAME <u>Emalya Fenis</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>El Dorado Springs</u>	ADDRESS <u>Roths Nursing Home</u>
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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 <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Physical exhaustion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary tuberculosis</u> DUE TO (c) _____		
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 checked="" 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) <u>002X</u>
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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 May 9, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Sunderwirth</u>	(Degree or title) <u>D.D.</u>	23b. ADDRESS <u>El Dorado Springs</u>	23c. DATE SIGNED <u>6/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milbuys, Kansas</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>June 8, 1953</u>	REGISTRAR'S SIGNATURE <u>Raymond W. Hoppes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond W. Hoppes</u>	ADDRESS <u>El Dorado Springs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2014

3.300
3.48

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 Wey W. Dickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spr

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.