

FILED JUL 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25766

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4364		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonough			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stehha		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pineville		0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) VAHTA			b. (Middle) _____			c. (Last) HOPPER	
4. DATE OF DEATH (Month) (Day) (Year) 6-23-53		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH 7-27-1913		9. AGE (In years last birthday) 39		10. UNDER 1 YEAR Days 10		11. UNDER 1 HRS. Hours 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY JANNE		11. BIRTHPLACE (State or foreign country) Gainsville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME T. R. POWERS		13b. MOTHER'S MAIDEN NAME FlORENCE STAFFORD		14. NAME OF HUSBAND OR WIFE Orville 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. 446-16-0173		17. INFORMANT'S SIGNATURE OR NAME Orville Hopper ADDRESS Pineville Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute ruptured appendix					INTERVAL BETWEEN ONSET AND DEATH 25 days
		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.					
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) _____		5501	
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? _____			
22. I hereby certify that I attended the deceased from May 29 , 19 53 , to June 23 , 19 53 , that I last saw the deceased alive on June 23 , 1953, and that death occurred at 6 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. Cardwell M.D.				23b. ADDRESS Stella, Missouri		23c. DATE SIGNED 6/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-27-53		24c. NAME OF CEMETERY OR CREMATORY PINEVILLE CEM.		24d. LOCATION (City, town, or county) (State) Pineville Mo.	
DATE REC'D BY LOCAL REG. 6-29-53		REGISTRAR'S SIGNATURE Alpha Dyer		25. GENERAL DIRECTOR'S SIGNATURE F. M. Humphrey		ADDRESS Pineville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 22

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. 753-132
District File Number 7-13-53
Date Filed 7-13-53

NEOSHO, MISSOURI

2 (B1)

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 Mayne E. Humphreys

Licensed Embalmer No. 4202

P. O. Address Pineville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.