

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1073

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5487 Registrar's No. 23

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| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson Twp.</u> | |
| c. LENGTH OF STAY (In this place) <u>2 Months</u> | | d. STREET ADDRESS (If rural, give location) <u>0.416</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Bert</u> | b. (Middle) <u>-</u> | c. (Last) <u>Hopingardner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1954</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>Married</u> | 8. DATE OF BIRTH <u>June 7, 1873</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u> | 11. BIRTHPLACE (State or foreign country) <u>Calhoun County, Michigan</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Wilson Hopingardner</u> | 13b. MOTHER'S MAIDEN NAME <u>Marth Triphena Simmons</u> | 14. NAME OF HUSBAND OR WIFE (deceased) <u>Catherine R. Hopingardner</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Eben Hopingardner, Bethany, Mo.</u> | ADDRESS <u>1561</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hr.</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> | ANTECEDENT CAUSES | | 6 mo |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | |

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| MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | DUE TO: (b) <u>Carcinoma of Liver</u> | 6 mo |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO: (c) | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) (Min.) | 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 12-29, 1953 to 2-10, 1954, that I last saw the deceased alive on 2-10-54, 1954, and that death occurred at 5⁰⁰ a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Deilent H. Hoover DO</u> | 23b. ADDRESS <u>Bethany, Mo.</u> | 23c. DATE SIGNED <u>2-12-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 12, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Harrison County, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 13-54</u> | REGISTRAR'S SIGNATURE <u>Zola Burris 116</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark L. Bontch, Bethany, Mo.</u> | ADDRESS |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Clark L. Foutch

Signed.....

Student Embalmer

Licensed Embalmer No. *4831*

P. O. Address *Bethany, Md*

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.