

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1364**
309

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 8 HOURS		d. STREET ADDRESS (If rural, give location) 14 W. 66th TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JANET b. (Middle) LOUISE c. (Last) Hopper			4. DATE OF DEATH (Month) (Day) (Year) JAN. 19, 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never MARRIED	
8. DATE OF BIRTH JAN. 19, 1954		9. AGE (In years last birthday) —		10. IF UNDER 1 YEAR (Hours) (Mins.) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME MARVIN C. Hopper		13b. MOTHER'S MAIDEN NAME EVELYN ADAMS		14. NAME OF HUSBAND OR WIFE	
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 Marvin C. Hopper - M.C. ADDRESS 14 W. 66th Terr. 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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated Hernia ANTECEDENT CAUSES Congenital Malformation abd Wall & Diaphragm Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Congenital Heart (Pulm Ventr System) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERNAL BETWEEN ONSET AND DEATH 5615
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, Mo., from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) MD		23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 20 Jan 54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JAN. 21, 1954		24c. NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) BROOKFIELD, MO.					

DATE REC'D BY LOCAL REG. 1-20-54		REGISTRAR'S SIGNATURE Geraldine Smith Dixon		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Kopy, Indep., Mo. ADDRESS	
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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

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

E. J. Shelton

Licensed Embalmer No. 4700

P. O. Address Independence

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.