

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12638

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>MACON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE</u> <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1022 PANTHER FORD</u>		d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>HOPPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 9 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 15 1874</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>
11. BIRTHPLACE (State or foreign country) <u>SHELBY CO MO</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>ISAAC VAN HOUTEN</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE THOMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>ELMER HOPPER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS HOPPER</u> ADDRESS <u>MACON MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiac - Renal disease</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"/>		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>MACON MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>4-3</u> , 19 <u>54</u> , to <u>4-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>54</u> , and that death occurred at <u>6:20</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>James C. Campbell M.D.</u>		23b. ADDRESS <u>185 Maplewood</u>	
23c. DATE SIGNED <u>4-14-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLARENCE</u>	
24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Stearns</u> ADDRESS <u>Clarence Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/23/54</u>		REGISTRAR'S SIGNATURE <u>Guth McNeely</u> 185	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 1954

JUL 2 1954

JUL 20 1954

RECEIVED 4.26.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.54.71
Date Filed 4.28.54

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 Charles V. Greening

Licensed Embalmer No. 4425

P. O. Address Chamblee, Ga

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.