

6. 390
10. 48

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

31450

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Humansville</u>	c. LENGTH OF STAY (in this place) <u>All Life</u>	c. CITY OR TOWN <u>Humansville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Home</u> <u>0840</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Hopper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-54</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3 1883</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Humansville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Hopper</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Goodson</u>		14. NAME OF HUSBAND OR WIFE <u>Della Pearl Hopper</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Geo. Beaty Humansville, Mo.</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	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		DUE TO (b) <u>Myocardial Weakening</u>			
		ANTECEDENT CAUSES					
				DUE TO (c) <u>Progressive Muscular Atrophy</u>			
		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>Humansville, Mo.</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 June 1954 to Sept. 16, 1954 that I last saw the deceased alive on Sept. 15, 1954 and that death occurred on Sept. 16, 1954 at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. R. Easton</u> (Degree or title) <u>h.O.</u>		23b. ADDRESS <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>9-20-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Sept 24, 1954</u>	REGISTRAR'S SIGNATURE <u>Ralph Warden per Jewell Starke</u> <u>2582</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home Humansville</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

of 60

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.....
Signature of Student Embalmer

Signed..... *O. H. Beckwith*

Licensed Embalmer No. *3937*.....

P. O. Address *Humansville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.