

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36781**

BIRTH NO. **FILED DEC 1 1954** REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **185**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>	c. LENGTH OF STAY (in this place) <b>8 WEEKS</b>	c. CITY OR TOWN <b>Rural Peculiar Twp</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>4 mi. N.W. of Harrisonville 0190</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SAMUEL</b> b. (Middle) <b>CANNON</b> c. (Last) <b>HOPPER</b>	4. DATE OF DEATH (Month) <b>Nov</b> (Day) <b>21</b> (Year) <b>1954</b>
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5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Apr 9 - 1880</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Jacksonville Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Thomas William Hopper</b>	13b. MOTHER'S MAIDEN NAME <b>Ruby Davis</b>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Habit Century Harrisonville, Mo.</b>	ADDRESS <b>Harrisonville, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ADENOCARCINOMA PANCREAS</b>		
	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. <b>157X</b>			

19a. DATE OF OPERATION <b>Sept. 30 1954</b>	19b. MAJOR FINDINGS OF OPERATION <b>OBSTRUCTION Duodenum + Common Bile duct</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <input checked="" type="checkbox"/>	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 **Sept 28, 1954**, to **Nov. 21, 1954**, that I last saw the deceased alive on **Nov 21, 1954**, and that death occurred at **5:17** m., from the causes and on the date stated above.

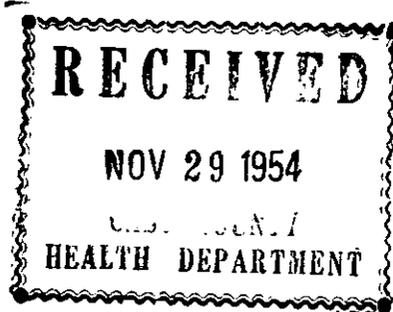
23a. SIGNATURE <b>D. H. Hargis MD</b> (Degree or title) (a)	23b. ADDRESS <b>Harrisonville Mo</b>	23c. DATE SIGNED <b>11-23-1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov 24 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jacksonville East Cemetery Jacksonville Illinois</b>	24d. LOCATION (City, town, or county) (State) <b>Jacksonville Illinois</b>
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DATE REC'D BY LOCAL REG. <b>Nov 22 1954</b>	REGISTRAR'S SIGNATURE <b>Nora Garwood</b>	4570	25. FUNERAL DIRECTOR'S SIGNATURE <b>Benjamin Boyer</b>	ADDRESS <b>Harrisonville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1955



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 James R. Phillips

Licensed Embalmer No. 469

P. O. Address Harrison

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.