

No. 348
10.48

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7541**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write BORAL and give township) Harrisonville	c. LENGTH OF STAY (in this place) 6 mo	c. CITY OR TOWN Rural Peculiar Twp	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> A-2
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS (If rural, give location) 4 mi N.W. of Harrisonville	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) T c. (Last) HOPPER	4. DATE OF DEATH (Month) (Day) (Year) Mar 30 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 2 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm - Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jacksonville Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas W. Hopper	13b. MOTHER'S MAIDEN NAME Lucy Davis	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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Nebel Carter Harrisonville Mo	ADDRESS Harrisonville Mo
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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 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Arteriosclerosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	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)
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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 **Oct. 1, 1954** to **Mar. 31, 1955**, that I last saw the deceased alive on **Mar. 30, 1955**, and that death occurred at **11:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed. Triplett M.D.	23b. ADDRESS Harrisonville Mo.	23c. DATE SIGNED 4-1-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 2-1955	24c. NAME OF CEMETERY OR CREMATORY Jacksonville East Cemetery	24d. LOCATION (City, town, or county) (State) Jacksonville Illinois
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DATE REC'D BY LOCAL REG. Apr 2, 1955	REGISTRAR'S SIGNATURE Dora Barnard	25. FUNERAL DIRECTOR'S SIGNATURE Samuel Angus	ADDRESS Harrisonville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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. *464*.....

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.