

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12980

State File No. ....

FILED APR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 525

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

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY OR TOWN <u>DONIPHAN</u>	c. LENGTH OF STAY (in this place) <u>1 MONTH</u>	c. CITY OR TOWN <u>DONIPHAN</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>COMMUNITY HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>610 ELM ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ALVIE</u> c. (Last) <u>HOPE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11-1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 2-1879</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 1 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>HIGHWAY WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COUNTY EMP.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE Co. - Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MONROE HOPE</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES CLINE</u>	14. NAME OF HUSBAND OR WIFE <u>CORA HOPE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUTH GREGORY-POCAHONTAS-ARK.</u>	ADDRESS _____
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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 <u>1 month</u>  <u>5 years</u>  <u>75 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetic mellitus</u>		

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>4221</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 April 4, 1949, to March 11, 1955, that I last saw the deceased alive on March 11, 1955, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson M.D.</u> (Degree or title)	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>3-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DONIPHAN - MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-14-55</u>	REGISTRAR'S SIGNATURE <u>EB Johnson</u> 277-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>EDWARDS FUNERAL HOME</u>	ADDRESS <u>DONIPHAN - Mo.</u>
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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.....  
Signature of Student Embalmer

Signed *Gene A. Parre*.....  
Licensed Embalmer No. *480*.....  
P. O. Address *Donipha*.....

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.