

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20840

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Sullivan			
b. CITY OR TOWN Milan		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Milan		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			e. STREET ADDRESS (If rural, give location) 1050			
3. NAME OF DECEASED (Type or Print) a. (First) Ira Jane Hopper b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 6-9-55			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-1-1880	9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Months 3 Days 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Putnam Co MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Henry Bolander		13b. MOTHER'S MAIDEN NAME Keosa Newkirk		14. NAME OF HUSBAND OR WIFE Fred Hopper		
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.	17. INFORMANT'S SIGNATURE OR NAME Fred Hopper		ADDRESS Milan MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6-6-55	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>				5-74-	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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) 331X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6-6-1955 to 6-9-1955, that I last saw the deceased alive on 6-9-1955, and that death occurred at 11:40 a.m., from the causes and on the date stated above.						
23a. SIGNATURE <i>W. Simpson, M.D.</i>			23b. ADDRESS Milan		23c. DATE SIGNED 6-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem		24d. LOCATION (City, town, or county) (State) Sullivan - 444		
DATE REC'D BY LOCAL REG. 6-15-1955	REGISTRAR'S SIGNATURE 320 Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE Schaefer Dorset Schaefer		ADDRESS Milan MO	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Dwight Schoen*.....

Licensed Embalmer No. *266*.....

P. O. Address *Milton*.....

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.