No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1955

State File No. 41390

BIRTH NO. 78461-55 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 2 Charleston
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Rt.2 Charleston

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN: Rt.2 Charleston
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt. 2 Charleston, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Charlotte b. (Middle) Rene c. (Last) Hopper
4. DATE OF DEATH (Month) (Day) (Year): 12/3/55
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Oct. 31, 1955
9. AGE (In years last birthday): If under 1 year: Months 1, Days 2; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and State or Foreign Country): Wyatt, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Venice Hopper
13b. MOTHER'S MAIDEN NAME: Zallie Mae Slaten
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: John Hopper, Charleston, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown Natural Causes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) More than likely the heart
DUE TO (c) valve which closes at birth failed to close properly causing severe leakage of heart which is called Patent Foreamen Ovale

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7543
20. AUTOPSY? YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Attended as Coroner *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 8:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Travis Shelby (Degree or title): Coroner
23b. ADDRESS: Fort Pierce, Mo.
23c. DATE SIGNED: 12-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/55
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: 12/10/55
REGISTRAR'S SIGNATURE: Jean Stearns
FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Edward E. Nunnelee, The Nunnelee Funeral Chapel, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 REC

RECEIVE
Miss. Co. Heal
County File No. DEC
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Student Embalmer No.....

working under my personal supervision. Not Embalmed arterially - Pack only

Student.....
Signature of Student Embalmer

Signed John F. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.