

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3658

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>2</u>					
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOUNTAIN GROVE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>DENLOW</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mtn. Grove Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>03401</u>							
3. NAME OF DECEASED (Type or Print) <u>HARRISON</u>			a. (First)		b. (Middle)		c. (Last) <u>HOPPER</u>				
4. DATE OF DEATH		(Month)		(Day)		(Year)					
<u>1/5/1956</u>		<u>1</u>		<u>5</u>		<u>1956</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 25, 1871</u>					
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 2 WKS. Days <u>10</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co. 771550 Mrs</u>					
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>WILLIAM A. Hopper</u>		13b. MOTHER'S MAIDEN NAME <u>Margit Hopper</u>		14. NAME OF HUSBAND OR WIFE <u>BLEGLER MASSIE Woods Hopper</u>				
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. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sarah Vaughn-Mtn. Grove</u>			ADDRESS <u></u>			
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Mtn Grove</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Hypertension</u>				DUE TO (c) <u></u>				4201			
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)					
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?					
22. I hereby certify that I attended the deceased from <u>2-10</u> , 19 <u>54</u> , to <u>1-5-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-5-</u> , 19 <u>56</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>						23b. ADDRESS <u>Mountain Grove, Mo</u>			23c. DATE SIGNED <u>Jan 9 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>1/8/1956</u>			24c. NAME OF CEMETERY OR CREMATORY <u>DENLOW CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>Denlow Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-17-56</u>			REGISTRAR'S SIGNATURE <u>A.B. Ames</u>			348-0			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George Stella Mtn Grove Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 156-12  
JAN 5 1955  
Date Filed

1951  
1 11 11

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 *Samya Schapp*

Licensed Embalmer No. 3161

P. O. Address *Mt. Airy, N.C.*

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.