

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20548

State File No. ....

FILED JUL 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2598

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Cass

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 17 hrs

c. CITY OR TOWN Belton d. Is Residence within limits of a city incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital

STREET ADDRESS (If rural, give location) 222 B Street 0190

3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) Alfretta c. (Last) Hopper

4. DATE OF DEATH (Month) (Day) (Year) 6-12-56

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2-12-27

9. AGE (In years last birthday) 29 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer Snell

13b. MOTHER'S MAIDEN NAME Lola Tabor

14. NAME OF HUSBAND OR WIFE Orville William Hopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Tabor, Belton, Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Secundum gradum degere hauris

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) over body  
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH  
  
8 1/2 to 16

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Belton Cass Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-11-56 8:30

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Positive of Homicide in Law

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) MD Deputy Coroner

23b. ADDRESS 6627 Prospect, K.C. Mo.

23c. DATE SIGNED 6-13-56

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE 6-14-56

24c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery

24d. LOCATION (City, town, or county) (State) Raymore, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 6-13-56 neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons Inc, Belton, Mo.

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 emb

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

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Sterling E. Fosda*  
.....

Licensed Embalmer No. *491*

P. O. Address *Grandview*

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