

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20549**  
Registrar's No. **2501**

BIRTH NO. **632138209-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>5300 East 12th St. 3198</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Daniel</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Hopson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>June 5, 1956</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>K. C. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Lee Hopson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret N. Compton</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lee Hopson 5300 East 12th St.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anoxemia</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>76 1/2</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypoxic membrane</b> DUE TO (c) <b>swallowing Anuscion fluids</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2 hrs premature</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 **June 5, 1956**, to **June 6, 1956**, that I last saw the deceased alive on **June 5, 1956**, and that death occurred at **8:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. W. Wettschlag</b>		23b. ADDRESS <b>217 Plaza Med Bldg. Kerck</b>		23c. DATE SIGNED <b>6/8/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 7, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>K. C. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thos. E. Quirk 4316 Troost K. C. Mo.</b>			

DATE REC'D BY LOCAL REG. **6-7-56**

REGISTRAR'S SIGNATURE **Neva Marshall**

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
C. A. Wettschlag M. D.

**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 *Thomas J. [Signature]* .....

Licensed Embalmer No. ....

P. O. Address .....

**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.