

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27886

State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 104

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| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humansville</u> | c. LENGTH OF STAY (In this place) <u>all life</u> | c. CITY OR TOWN <u>Humansville</u> | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>0840</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hopper</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 6 1956</u> | | |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 10, 1875</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>26</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>Retired Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Humansville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>E. R. Hopper</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane George</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u> | 16. SOCIAL SECURITY NO. <u>--</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Hopper, Humansville, Mo.</u> |
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| 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>4222</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from June, 1956, to Sept, 1956, that I last saw the deceased alive on 9/6, 1956, and that death occurred at 10:55 A. from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. H. Robinson MD</u> (Degree or title) | 23b. ADDRESS <u>Humansville, Mo.</u> | 23c. DATE SIGNED <u>9/7/56</u> (State) |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/9/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Humansville</u> | 24d. LOCATION (City, town, or county) <u>Humansville, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept 8, 1956</u> | REGISTRAR'S SIGNATURE <u>Ralph Gardner per Jewell Gardner</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bookwith Funeral Home, Humansville, Mo.</u> |
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Licensed Embalmer's Statement on Reverse Side

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

25
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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 *O. H. Beckwith*.....

Licensed Embalmer No. *3937*.....

P. O. Address *Humansville*.....

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.