

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34588

STATE FILE NUMBER

71403-56 Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - b. COUNTY -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN - Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base Hospital Length of stay in 1b -		d. STREET ADDRESS - (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Keith Middle Harold Last Hopper			4. DATE OF DEATH Month November Day 1 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> - DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 26 Oct 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months 6 Days 0 Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) Whiteman AF Base Hospital Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Leslie Clarence Hopper, Jr		14. MOTHER'S MAIDEN NAME Betty Frances Mitton	
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 Leslie C. Hopper Jr. Address Sedalia, Mo LESLIE CLARENCE HOPPER, JR 811 1/2 Mass. St.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Volvulus of intestine Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Angu-lis-m. DUE TO (c) 570.3 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 48 hours 6 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 30 Oct 56 to 31 Oct 56 and last saw him ^{was} alive on 31 Oct 56 Death occurred at 3:10 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fate M. Keecker, Padilla		22b. ADDRESS Whiteman AFB, Mo.	22c. DATE SIGNED 1-Nov-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1 Nov 1956	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Clinton, Mass
24. FUNERAL DIRECTOR SW Keckhart ADDRESS Sedalia, Mo		25. DATE RECD. BY LOCAL REG. Nov 3-56	26. REGISTRAR'S SIGNATURE Carne L. Beatty

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..... *OW Keekast*

Licensed Embalmer No. *34*

P. O. Address *Sedalia*

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