

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1314

STATE FILE NUMBER 268

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2629 Holmes		Length of stay in lbs. 40 Years	d. STREET ADDRESS 2629 Holmes		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> Nellie Pearl Hopper			4. DATE OF DEATH <i>Month Day Year</i> Jan 18 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 28 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurses Aid		10b. KIND OF BUSINESS OR INDUSTRY Research Hospital	11. BIRTHPLACE (City and state or country) White Cloud, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Fallmore			14. MOTHER'S MAIDEN NAME Jessie March		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-18-6263	17. INFORMANT <i>Address</i> Kenneth Hopper 2629 Holmes Kan City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Degenerative lesion, mid brain					
DUE TO (c) Hypertension					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i>Hour a. m. Month, Day, Year p. m.</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 2-3-56 to 1-18-57 and last saw her alive on 1-18-57 Death occurred at 8:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. D. Edmonds (Degree or title)			22b. ADDRESS 4800 E 24th St. K.C. Mo		22c. DATE SIGNED 1/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-21-57	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR Melody McGilley Eylar Kan, City Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-19-57	26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

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56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dissemination in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Dr Edmonds

4800 E 24

BE-1-5949

from 10 AM to 4 PM
Sat

Dr Edmonds

4800 E 24

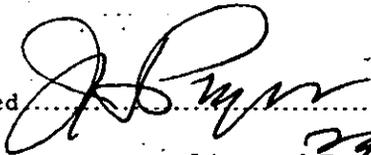
BE-1-5949

10 am - 4 pm

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 
Licensed Embalmer No. 2999

P. O. Address KC Mo

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.