

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 280

Registration District No. 43 Primary Registration District No. 3007 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>RUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>CARTER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>GRANDIN</b> 0180 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BRANDON Hosp</b>		d. STREET ADDRESS <b>GEN. DEL.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>KEITH BRAINARD HOOPES</b>		4. DATE OF DEATH <b>APRIL 2-1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 28-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BLACKSMITH</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BLACKSMITHING</b>	11. BIRTHPLACE (City and state or country) <b>PENNSYLVANIA 1</b>
13. FATHER'S NAME <b>FRANK J. HOOPES</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>MISS ALICE HOOPES</b>		Address <b>GRANDIN-MO.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute nephritis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ 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 <b>10 days</b> <b>1 year</b>
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 _____ a. m. _____ p. m. _____			
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 <b>Mar. 30, 1957</b> , to <b>Apr. 2, 1957</b> and last saw her alive on <b>Apr. 2, 1957</b> Death occurred at <b>10:15</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W.L. Brandon, M.D.</b>		22b. ADDRESS <b>1124 N. Main Poplar Bluff, Missouri</b>	
		22c. DATE SIGNED <b>4-6-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>4/5/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>DONIPHAN CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>DONIPHAN - MO.</b>	
24. FUNERAL HOME ADDRESS <b>EDWARDS FUNERAL HOME</b>		25. DATE REGD. BY LOCAL REG. <b>4/9/57</b>	
PHONE WY. <b>6-2345</b>		26. REGISTRAR'S SIGNATURE <b>Ed D. Muehry</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300  
Y. 1-56  
securing the medical certification in the specific manner required by 193.140, R.S.M.S. 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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RECEIVED  
APR 15 1957  
DUTLER CO. HEALTH CENTER

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 *Gene Harrent*

Licensed Embalmer No. *450*

P. O. Address *Douglas*

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.