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FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31440

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 924

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Mansfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Mansfield — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First SARAH Middle MARTHA Last HOPPER
4. DATE OF DEATH Month Sept. Day 22 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH March 20, 1872
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Webster Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Alex Stevenson
13b. MOTHER'S MAIDEN NAME Esther N. Turner
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 Mrs. Mae Roy Address Springfield, Mo.

MEDICAL CERTIFICATION

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 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — 10 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes of 20 years duration 260X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1949, Sept. 22, 1957 and last saw her alive on Sept. 21, 1957
Death occurred at 1:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. Richard Webb, M.D. (Degree or title)
22b. ADDRESS 609 Cherry St., Springfield, Mo.
22c. DATE SIGNED 9/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 24, 1957
23c. NAME OF CEMETERY OR CREMATORY Mansfield Cemetery
23d. LOCATION (City, town, or county) Mansfield (State) Missouri
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 9-26-57
26. REGISTRAR'S SIGNATURE Ernest Williamson

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, Mo.

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.