

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

479

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 121

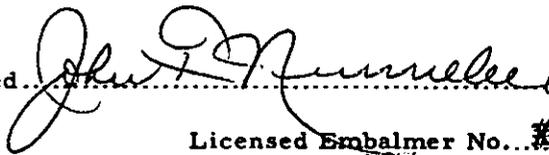
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Cape Girardeau</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Cape Gir (born)</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>St. Francis Hosp.</b>				(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Michael</b>		Middle <b>Dugan</b>		Last <b>Hopper</b>		Month Day Year <b>1/2/1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12/31/1957</b>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min. <b>0 3 - -</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (City and state or country) <b>Cape Girardeau, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Venice Hopper</b>				14. MOTHER'S MAIDEN NAME <b>Zallie May Slayden</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 Address <b>John Venice Hopper, N. Johnson St</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) <u><b>Apnea of Prematurity</b></u> <u><b>Prematurity</b></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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) <u><b>Charleston, 7625</b></u> INTERVAL BETWEEN DEATH AND PATH <u><b>few hours</b></u>							
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 <u><b>31 Dec 57</b></u> to <u><b>2 Jan 58</b></u> and last saw him alive on <u><b>2 Jan 58</b></u> Death occurred at <u><b>9:30</b></u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or title) <u><b>James A. Kinder, M.D.</b></u>				22b. ADDRESS <b>Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>1/3/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/3/1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>	
24. FUNERAL DIRECTOR <b>NUNNELEE FUNERAL CHAPEL</b>				ADDRESS <b>Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-11-58</b>	
26. REGISTRAR'S SIGNATURE <u><b>Elizabeth Summers</b></u>							

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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 .....~~BODY NOT EMBALMED ARTERIALLY~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No.....  
3851

P. O. Address.....Charles

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.