

THE DIVISION OF HEALTH AND HOSPITALS
STANDARD CERTIFICATE OF DEATH

59-022354
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 273 Primary Registration District No. Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Perry County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP-only) OR TOWN Union Twp.		c. CITY OR TOWN Uniontown	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Uniontown, Mo.		d. STREET ADDRESS (If outside, give location) 0790	
3. NAME OF DECEASED (Type or print) First Rudolph Middle Last Hopfer		4. DATE OF DEATH Month 6 - Day 6 - Year 59	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-26-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Perry County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Emmanuel Hopfer		13b. MOTHER'S MAIDEN NAME Caroline Rabold	
14. NAME OF HUSBAND OR WIFE Frieda Hopfer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 492-42-1769		17. INFORMANT Address Mrs. Frieda Hopfer, Uniontown, 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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 6 mos.
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) 4200			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 Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 3-15-59 to 6-6-59 and last saw him alive on 3-18-59 Death occurred at 2454 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If doctor or title) G. F. Hanchard, M.D.		22b. ADDRESS Perryville, Mo.	
22c. DATE SIGNED 6-8-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-8-59	
23c. NAME OF CEMETERY OR CREMATORY Uniontown Lutheran		23d. LOCATION (City, town, or county) (State) Uniontown Mo.	
24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 6-9-59	
26. REGISTRAR'S SIGNATURE Joe J. Zellner			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Kallacl Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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.