

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-008866

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1204 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH FILED MAR 29 1966
 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, Missouri Length of stay in lb 3 days c. CITY OR TOWN Independence, Missouri Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 9801 East 26 Terr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Douglas Middle R. Last Hupman

4. DATE OF DEATH Month 3 Day 6 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-6-52 9. AGE (last birthday) 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY MO. 11. BIRTHPLACE (City and state or country) U.S.R. 12. CITIZEN OF WHAT COUNTRY U.S.R.

13a. FATHER'S NAME RICHARD K. HOPMAN 13b. MOTHER'S MAIDEN NAME WILMA BARHAM 14. NAME OF HUSBAND OR WIFE CHILD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NPO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT RICHARD K. HOPMAN - INDEP. MO. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Brain Tumor INTERVAL BETWEEN ONSET AND DEATH 18 mo.

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) _____

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 _____ 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 Sept. 5, 1959 to March 6, 1961 and last saw BE him alive on 3-6-61. Death occurred at 3-6-61 at 7:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin D. Bordy, MD 22b. ADDRESS 701 E 63 22c. DATE SIGNED 3/7/61 (Site)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-9-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) Kansas City, Mo

24. FUNERAL DIRECTOR Robert B. Speaks ADDRESS Independence 25. DATE RECD. BY LOCAL REG. 3-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Marvin D. Bordy MEDICAL CERTIFICATION

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indy. 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.