

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029778

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 447

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 13 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Independence** Length of stay in lb **37 yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Crestview Rest Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Jackson**
 c. CITY OR TOWN **Independence** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **824 N. Delaware** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MRS. DOROTHY** Middle **SOPER** Last **HANTHORN**
 4. DATE OF DEATH Month **September** Day **5** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **May 30, 1877** 9. AGE (last birthday) **84**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Kearney, Missouri** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Randall Pendleton Soper** 13b. MOTHER'S MAIDEN NAME **Georgia Cook** 14. NAME OF HUSBAND OR WIFE **J. N. Hanthorn, dec.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT Address **Mrs. L. A. Trenchard #2 Hawthorne Place, Indep., 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) **Acute myocardial infarction**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Hypertension**
 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 _____ 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 **June 1961** to **Sept 5, 1961** last saw her alive on **Sept 5, 1961**
 Death occurred at **approx. 4 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (D, M, or title) **Coree S. Sperry M.D.** 22b. ADDRESS **301 W. Kansas** 22c. DATE SIGNED **Sept 9/6/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Sept. 7, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Woodlawn Cemetery** 23d. LOCATION (City, town, or county) **Independence, Missouri**

24. FUNERAL DIRECTOR **OTT & MITCHELL, Indep., Mo.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **9-7-61** 26. REGISTRAR'S SIGNATURE **Alba L. Craig**

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 *[Handwritten Signature]*

Licensed Embalmer No. 3/56

P. O. Address *[Handwritten Address]*

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.