

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23025**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 355		
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo b. COUNTY Cape Girardeau				
b. CITY (If outside corporate limits, write RURAL and give town or township) Cape Girardeau		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY OR TOWN Pocahontas		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) 0160				
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Hope c. (Last) Hope			4. DATE OF DEATH (Month) (Day) (Year) July 21 1956					
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 1, 1876		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. 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		11. BIRTHPLACE (City and State or Foreign Country) Pocahontas Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME James C. Thompson			13b. MOTHER'S MAIDEN NAME Nancy Jane Abernathy		14. NAME OF HUSBAND OR WIFE James Robert Hope			
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'S SIGNATURE OR NAME ADDRESS Cline Hope Cape Girardeau, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease and congestive failure. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July 1st, 1956 , to July 21st 1956 , that I last saw the deceased alive on July 21st, 1956 , and that death occurred at 5:00P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Charles F. Wilcox, M.D.				23b. ADDRESS 714 Broadway, Cape Girardeau, Mo.		23c. DATE SIGNED 7/25/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24, 56	24c. NAME OF CEMETERY OR CREMATORY Apple Creek		24d. LOCATION (City, town, or county) (State) Pocahontas Mo			
DATE REC'D BY LOCAL REG. 7-26-56		REGISTRAR'S SIGNATURE W. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Summers, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Gene C. Crawford*.....

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.