

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7405  
Registrar's No. 411

**FILED MAR 14 1947**  
Registration District No. 577

Primary Registration District No. 6076

96  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Pine Crest Homes  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 67/30/46 4  
(Specify whether years, months or days)  
 In this community 2/21/47  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50  
 (c) City or town De Sota 2  
(If outside city or town limits, write "RURAL") 2  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hopkins, Dan.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W 21

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased October 5, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>16</u>	<u>9</u> hr. <u>3</u> min.

9. Birthplace De Sota, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name unknown 9

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Gaber

(b) Address 3803 Spring Ave. De Sota, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Sota, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address De Sota, Mo.

19. (a) 2-24-47 (b) Ruth J. Allen, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
 year 1947 hour 3: minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 30, 1946, to Feb. 21, 1947; that I last saw him alive on Feb. 20, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 93rd.

Other conditions Atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature R. N. Jensen (M. D. or other) \_\_\_\_\_  
 Address Manchester, Mo. Date signed 2/24/47

