

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 463

No. 300
10.48

FILED FEB 1 1949

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4068 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOKANE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOKANE</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>RIVER STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RIVER STREET</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LIZZIE</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>HOPKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 19 1949</u>
-------------------------------------	--------------------------	--------------------------	--------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT 27, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CALLAWAY COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>J H ELLEY</u>	13b. MOTHER'S MAIDEN NAME <u>SALLIE MOSLEY</u>	14. NAME OF HUSBAND OR WIFE <u>ALFRED HOPKINS</u>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HARRY ELLEY</u>	ADDRESS <u>MOKANE MO</u>
---	-------------------------------------	--	--------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia--Bilateral (Terminal)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Apoplexy, with resultant left sided paralysis</u>		<u>2 1/2</u> <u>years</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>no injury</u>	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 Jan. 17, 1949, to Jan. 19, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 3:05 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Nichols, M.D.</u>	23b. ADDRESS <u>Mokane, Mo.</u>	23c. DATE SIGNED <u>1-21-1949</u>
--	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 21 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MIDDLE RIVER</u>	24d. LOCATION (City, town, or county) (State) <u>3 MILE WEST OF MOKANE MO</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG <u>Jan 21-1949</u>	REGISTRAR'S SIGNATURE <u>Jesse Morsutchoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Steen J. Maurin</u>	ADDRESS <u>712 COURT, Edton, Mo.</u>
--	--	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed JAN 31 1949
District Officer No. 9
RECEIVED

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 _____
Student Embalmer

Signed _____

J. V. Roston
Licensed Embalmer No. 2555
P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.