

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4344**

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Plattsburg</u>		c. CITY OR TOWN <u>Plattsburg</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

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

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>December 20 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</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>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>New House work</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Callis Long</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Sturgart</u>	14. NAME OF HUSBAND OR WIFE <u>Silas Hopkins</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Trigg Long, Kearney Mo</u>	ADDRESS
--	-----------------------------------	---	---------

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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	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. <u>Hypertension</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------------------	----------------------------------	--

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) <u>Plattsburg Clinton Mo</u>
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 Mar 3, 1949, to Mar 5, 1949, that I last saw the deceased alive on Mar 3, 1949, and that death occurred at Libod m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Shaldiver MD</u>	23b. ADDRESS <u>Plattsburg Mo</u>	23c. DATE SIGNED <u>Mar 4-49</u>
--	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muddy Fork</u>	24d. LOCATION (City, town, or county) (State) <u>3 miles North Kearney Mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Mar 4, 1949</u>	REGISTRAR'S SIGNATURE <u>Bernice Chaitman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>	ADDRESS <u>Kearney Mo</u>
---	---	---	---------------------------

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

25
3
0

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 Leonard J. Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.