No. 300
10.48

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5887

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 57

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1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DESLOGE, MO.
c. LENGTH OF STAY (in this place) 4 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 115 N 4th STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY ST FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DESLOGE
d. STREET ADDRESS (If rural, give location) 115 N 4th STREET

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) EVERETT c. (Last) HOPKINS
4. DATE OF DEATH (Month) (Day) (Year) FEB. 17, 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH. Aug. 3 1883
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 5 Days 14 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMON LABOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) DE SOTO. MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FRANCIS M. HOPKINS
13b. MOTHER'S MAIDEN NAME ROSE BALDWIN
14. NAME OF HUSBAND OR WIFE BLANCHE HOPKINS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs. BLANCHE HOPKINS ADDRESS DESLOGE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 or 4 days

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. arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 15, 1949, *to* Feb. 17, 1949, *that I last saw the deceased alive on* Feb. 16, 1949, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Theodore Paul D.O.
23b. ADDRESS Flat River, Mo.
23c. DATE SIGNED 2/18/49.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 2-21-49
24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL Cem.
24d. LOCATION (City, town, or county) (State) ST. CHARLES ROCK ROAD MO.

DATE REC'D BY LOCAL REG. Feb 18, 1949
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer + Son ADDRESS DESLOGE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Officer No. 4
Number 249-2
Date filed 2-21-

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 S. T. Soyer

Licensed Embalmer No. 3660

P. O. Address Desloge 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.