FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7137

BIRTH NO. _____ REG. DIST. NO. 33 PRIMARY REG. DIST. NO. 45a Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico
c. LENGTH OF STAY (In this place): 24 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home in Puxico, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard 1113
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Newton
b. (Middle): B.
c. (Last): Hopkins

4. DATE OF DEATH (Month) (Day) (Year): Feb 12 1949

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 17 1875

9. AGE (In years last birthday): 73 — If under 1 year: Months 7, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Sikeston Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Hopkins

13b. MOTHER'S MAIDEN NAME: Sarah Claborn

14. NAME OF HUSBAND OR WIFE: Gertrude 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.: 490-12-8471

17. INFORMANT'S SIGNATURE OR NAME: Gertrude Hopkins — ADDRESS: Puxico 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): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

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.

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* Sept, 1948, *to* Feb 12, 1949, *that I last saw the deceased alive on* Feb. 11, 1949, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Skillman M.D.

23b. ADDRESS: Puxico Mo

23c. DATE SIGNED: 2-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 14 1949

24c. NAME OF CEMETERY OR CREMATORY: Puxico Cemetery

24d. LOCATION (City, town, or county) (State): Puxico Mo

DATE REC'D BY LOCAL REG.: 2-15-49

REGISTRAR'S SIGNATURE: Floyd Morgan 358

25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan — ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office N
District File Number 3 [illegible]
Date Filed 3-7-

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Pupico, m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.