

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13522

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) ASBERRY c. (Last) HOPKINS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 27 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 10 1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) FARMINGTON MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JEREMIAH HOPKINS		13b. MOTHER'S MAIDEN NAME MARGARET WARD		14. NAME OF HUSBAND OR WIFE MINNIE KOLLMEYER HOPKINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 49809185		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LYNN HOPKINS FARMINGTON	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH immediate	
		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. 4/20/1			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <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 April 1947, to April 27 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 3:12 p. m., from the causes and on the date stated above.

23a. SIGNATURE F. R. Croucher (Name or title) Jerry B. Wilkins M.D. U			23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 4-28-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 30 1949	24c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS		24d. LOCATION (City, town, or county) (State) FARMINGTON MO
DATE REC'D BY LOCAL REG. Apr. 29 1949		REGISTRAR'S SIGNATURE Ether Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoogen FARMINGTON, MO	

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

9441

946
5

M.B.

RECEIVED

Health Officer No. 4
Number 549-52
5-2-49

MAY 14 1949

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 C. A. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.