

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19182

State File No. \_\_\_\_\_

FILED JUL 5 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 563

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		d. STREET ADDRESS (If rural, give location) <u>1078 E. Blaine</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1400 Block College</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lester</u> b. (Middle) <u>E.</u> c. (Last) <u>Hopkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 18, 1914</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	11. BIRTHPLACE (State or foreign country) <u>Yacima, Washington</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Walter W Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Waddington</u>		14. NAME OF HUSBAND OR WIFE <u>Nanalee</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>560-07-1981</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nanalee Hopkins</u>		ADDRESS <u>Springfield,</u>	
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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.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>probably Leukemia</u>	DUE TO (b) <u>History of having been treated for some time for that disease</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>He collapsed and died in few minutes after car accident</u>	UNATTENDED BY PHYSICIAN				2044

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injuries</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injuries</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:15 am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.R. Handley local registrar</u>	23b. ADDRESS <u>City Hall Springfield</u>	23c. DATE SIGNED <u>6/27/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Memorial Garden</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/27/49</u>	REGISTRAR'S SIGNATURE <u>W.R. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman H. Lohmeyer</u>	ADDRESS <u>Springfield</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39  
2  
6

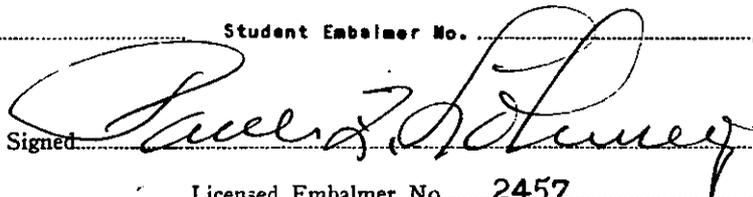
**STATEMENT BY LICENSED EMBALMER**

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.

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. .... 2457

P. O. Address..... Springfield, 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.