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FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36685

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5296 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Rural-Hardin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hardin	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Callaway c. (Last) Hopkins			4. DATE OF DEATH (Month) (Day) (Year) 11-18-49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-25-1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Clinton County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Griffin Hopkins	13b. MOTHER'S MAIDEN NAME Julia Grooms	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ralph McCallach	ADDRESS Plattsburg, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Apopley DUE TO (c) Hypertension		2 yrs 3 3/4 X 3 yrs
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. AN Autopsy? YES <input type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from June, 1947, to Nov., 1949, that I last saw the deceased alive on Nov 1, 1949, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE W.B. Spalding	(Degree or title)	23b. ADDRESS Plattsburg Mo	23c. DATE SIGNED Nov 22 49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 20, '49	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.	24d. LOCATION (City, town, or county) (State) Clinton County, Mo.
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DATE REC'D BY LOCAL REG. Dec. 1, 49	REGISTRAR'S SIGNATURE Charles	25. FUNERAL DIRECTOR'S SIGNATURE Waller & Nash	ADDRESS Edgerton Mo.
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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 Turron Rollins Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, Missouri

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.