

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12490

State File No.

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Pennsylvania</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Sullivan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Trainer</u>	
c. LENGTH OF STAY (in this place) <u>2hrs</u>		d. STREET ADDRESS (If rural, give location) <u>672 Post Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Side Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Doda</u> b. (Middle) <u>Odessa</u> c. (Last) <u>Hopkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23, 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Madison, Kansas</u>	
13a. FATHER'S NAME <u>James Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Stanley</u>		14. NAME OF HUSBAND OR WIFE <u>Louis A. Hopkins</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sam McNamee Coffeyville, Kan</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured neck, skull and back</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Auto Accident--A passenger of a 49 model Hudson car, driven</u>			<u>2234</u> <u>32</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>by Mr. P. O. Linn, who lost control of the car on U. S. highway 66, 8 miles east of</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Sullivan, going over a 30 foot embankment. 036</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec tws. Franklin Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 22 50 3^{am}</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>

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 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. P. Kupper</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Sullivan, Missouri</u>	23c. DATE SIGNED <u>4/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Restlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Coffeyville, Kansas</u>		

DATE REC'D BY LOCAL REG. <u>4-23-1950</u>	REGISTRAR'S SIGNATURE <u>Wm. P. Kupper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. P. Kupper Sullivan, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0360

8370
8

----- District File Number -----

District Health Officer No. 9,

RECEIVED MAY 1 1950

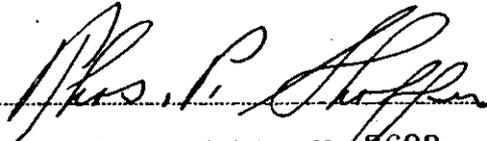
STATEMENT BY LICENSED EMBALMER

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  -----

Licensed Embalmer No. 2692 -----

P. O. Address Sullivan, 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.