

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31284

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 299

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1001 S. Missouri				
3. NAME OF DECEASED (Type or Print) MARY			a. (First) LOUISE		b. (Middle) HOPKINS		c. (Last) HOPKINS	
4. DATE OF DEATH Sept 8th 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 22, 1860		9. AGE (In years last birthday) 90		
5. SEX Fe		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Lexington, Kentucky		12. CITIZEN OF WHAT COUNTRY? /		13a. FATHER'S NAME D. S. Hardin		13b. MOTHER'S MAIDEN NAME Sarah Buckner		
14. NAME OF HUSBAND OR WIFE Jas. S. Hopkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James Hopkins, Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension w/ Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3da  331X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		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 _____, 1922, to Sept 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 10:30a m., from the causes and on the date stated above.								
23a. SIGNATURE G. L. Walter M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED Sep. 8 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 11, 1950		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri		
DATE REC'D BY LOCAL REG. Sept 11, 1950		REGISTRAR'S SIGNATURE G. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE R. W. Fleckhart		ADDRESS Sedalia, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-18-50

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 W. J. Eckhart

Licensed Embalmer No. 3470

P. O. Address Sidalia, 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.