

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4502 State File No. 35925

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 649 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newport Ark 8030</u>	
c. LENGTH OF STAY (in this place) <u>2 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Air Base 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			
3. NAME OF DECEASED a. (First) <u>Luther</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hopkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-1950</u>	
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>7-14-1906</u>
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Newport, Arkansas</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Dallie Ann Langley</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha</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>430-14-9710</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Hopkins</u>		ADDRESS _____	
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) <u>Skull fracture</u>  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.	
INTERVAL BETWEEN ONSET AND DEATH <u>15 minute</u>		E 910.3  10	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>103</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>woods</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Duck Creek Twp., Stoddard, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-21-50 11:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Was struck by falling tree.</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 <u>11:15 MA</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Way W. Rainey</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Dexter, Missouri</u>	
23c. DATE SIGNED <u>10-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-28-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Land Well</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence Jackson Co Ark</u>	
DATE REC'D BY LOCAL REG. <u>10-28-50</u>		REGISTRAR'S SIGNATURE <u>358</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chris D Jackson</u>		ADDRESS <u>Newport Ark</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 6 1950

DISTRICT HEALTH OFFICE No. C

File No. ....

NOV 8 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 \_\_\_\_\_

*William H. Morgan*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *4670*

P. O. Address *Adelphi, Md.*

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.