

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20199
2759

No. 300
10.48

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
d. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>5037 Wyandotte</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5037 Wyandotte</u>		3. NAME OF DECEASED a. (First) <u>ELMER</u> b. (Middle) <u>WOODSON</u> c. (Last) <u>HOPKINS</u>		
4. DATE OF DEATH <u>June 29, 1951</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 17, 1893</u>		
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>BLACK & VEATCH</u>		13a. FATHER'S NAME <u>Woodson Hopkins</u>		
13b. MOTHER'S MAIDEN NAME <u>MAE Ewing</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Hopkins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>514-26-2593</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lydia Hopkins, 5037 Wyandotte, K.C. Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left bundle branch block and Angina Pectoris</u> 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>30 min.</u> <u>4 months</u> <u>H202</u>
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)		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 <u>29 June, 1951</u> , to <u>29 June, 1951</u> , that I last saw the deceased <u>alive on 29 June, 1951</u> , and that death occurred at <u>3:05 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Fred K. Lundgren Jr.</u> (Degree or title)		23b. ADDRESS <u>617 Poppenoid Bldg</u>		23c. DATE SIGNED <u>29 June 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Henderson, Kentucky</u>
24d. LOCATION (City, town, or county) (State) <u>Henderson, Kentucky</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-29-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Dr. Lundgren signed record for Dr. Sloan Wilson.

Dr. Fred Lundgren

Gregory B. B. B.
Vic 5477

Apr. 1:00 P.M.

612

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 _____

Eugene L. Hansen

Licensed Embalmer No. *4633*

P. O. Address *St. Louis, 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.