

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26969**
3578

FILED SEP 1 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 1108 Central	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) A c. (Last) Hopkins			4. DATE OF DEATH (Month) (Day) (Year) 8 18 51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH about 1880
9. AGE (to years last birthday) about 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY? --
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Phil Steel ADDRESS 6021 Brookside Blvd.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from esophageal varices		INTERVAL BETWEEN ONSET AND DEATH 58 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cirrhosis of liver		
	DUE TO (c) _____		
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 August 7, 1951, to August 18, 1951, that I last saw the deceased alive on August 18, 1951, and that death occurred at 2:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS 24th Cherry	23c. DATE SIGNED 8-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-21-51	24c. NAME OF CEMETERY OR CREMATORY White City Cemetery
24d. LOCATION (City, town, or county) (State) White City, Kansas	25. FUNERAL DIRECTOR'S SIGNATURE Dwight C. ... ADDRESS 20 W Linwood	
DATE REC'D BY LOCAL REG. 8-21-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	

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

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.....

P. O. Address.....

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.