

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41910

0485
4

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

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 468

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>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1413 W. Short</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Rest Home - 1497 N. Osage</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u>		b. (Middle) <u>TEMPLE</u>	
c. (Last) <u>HOPKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 4-1882</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Yates City Illinois</u>
10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James T. Long</u>		13b. MOTHER'S MAIDEN NAME <u>Kate E. Coykendall</u>	
14. NAME OF HUSBAND OR WIFE <u>Roy V. Hopkins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Mosby Indep. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		Conditions contributing to the death but not related to the disease or condition causing death. <u>Neurasthenia</u>	
DUE TO (c) _____		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) <u>491X</u>		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>Nov. 29, 1951</u> , to <u>Dec. 3, 1951</u> , that I last saw the deceased alive on <u>Nov. 29, 1951</u> , and that death occurred at <u>4 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. Grabsko, M.D.</u>		23b. ADDRESS <u>Independence Mo</u>	
23c. DATE SIGNED <u>12/5/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #1</u>	
24b. DATE <u>Dec. 5, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hershyb Stahl</u>	
25. ADDRESS <u>Indep. Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-4-51</u>	
REGISTRAR'S SIGNATURE _____		3540	

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1960

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 3156

P. O. Address

Indep. 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.