

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6018

State File No. \_\_\_\_\_

FILED MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Illinois</i> COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Louisiana</i>		c. CITY OR TOWN <i>8120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pike County Hospital</i>		d. STREET ADDRESS <i>Don't know</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Iva</i>	b. (Middle) <i>May</i>	c. (Last) <i>HOPKINS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>2-22-52</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-26-1888</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <i>Companion</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Practical Nurse</i>	11. BIRTHPLACE (State or foreign country) <i>Louisiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>Mo</i>
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13a. FATHER'S NAME <i>Culer N. Hopkins</i>	13b. MOTHER'S MAIDEN NAME <i>Iva Phillips</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>493-03-8710</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Ralph Atkinson</i>	ADDRESS <i>Bonhing Green</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Typhemia - General Infection</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Cholelithiasis</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Infection</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>Chronic Cholelithiasis - Common duct</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>None</i> 584X
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22. I hereby certify that I attended the deceased from *12-27-1951*, to *Feb 22, 1952*, that I last saw the deceased *live on Feb 22, 1952* and that death occurred at *3:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Bernice Callier M.D.</i> (Degree or title)	23b. ADDRESS <i>Louisiana</i>	23c. DATE SIGNED <i>2/22/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-24-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Louisiana</i>	24d. LOCATION (City, town, or county) (State) <i>Mo</i>
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DATE REC'D BY LOCAL REG. <i>Feb 22, 1952</i>	REGISTRAR'S SIGNATURE <i>Bernice Callier</i> 374	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. B. Elmore</i>	ADDRESS <i>Bonhing Green</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
8210

SEP 27 1955

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 Embalmer No.....

Signed.....

*H. B. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.