

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13708

FILED MAY 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5845 Registrar's No. 119

740  
1

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

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b> |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Nodaway</b> |  |
| b. CITY OR TOWN <b>Rural-Atchinson Twp.</b>   | c. LENGTH OF STAY (in this place) <b>1 hour</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hopkins</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION       |   | d. STREET ADDRESS (If rural, give location) <b>1740</b>  |  |

|   |                               |   |  |  |   |
|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>John</b> b. (Middle) <b>George</b> c. (Last) <b>Hepburn</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAY 1-1952</b> |  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>Dec. 1-1879</b>                        |  | 9. AGE (In years last birthday) <b>72</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER-RETIROE</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     |  | 11. BIRTHPLACE (State or foreign country) <b>Nodaway County Independence Twp. - Mo</b> |   |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |                               |   |  |  |   |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <b>James Hepburn</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>MARIA Robinson</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Ella Hepburn</b>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>488-14-2792</b>      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Ella Hepburn Hopkins Mo</b> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br><br>ANTECEDENT CAUSES <b>Cerebral arteriosclerosis</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><br>Conditions contributing to the death but not related to the disease or condition causing death. |  | (INTERVAL BETWEEN ONSET AND DEATH) <b>10 yrs</b> |  |
|---|--|--|--|--|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION <b>331X</b>   |  | 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) m. |  | 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 **1/1, 1952** to **5/1, 1952**, that I last saw the deceased alive on **5/1, 1952**, and that death occurred at **10** m., from the causes and on the date stated above.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <b>Chas. W. A. Hopkins</b>              |  | 23b. ADDRESS <b>Hopkins</b>  |  | 23c. DATE SIGNED <b>5/3/52</b>                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>                  |  | 24b. DATE <b>MAY 4-1952</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>CRAYNOR</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Nodaway County - Mo</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kess Holt 329 Stanley Swanson - Hopkins Mo</b> |  |   |  |
| DATE REC'D BY LOCAL REG. <b>5-10-52</b>                                  |  | REGISTRAR'S SIGNATURE  |  |   |  |

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.....

*myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *396 3*

P. O. Address *Hopkins, 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.