

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19473

State File No. ....

678

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. ....

0117

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

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph</b>   |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph, Mo.</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Joseph's Hosp.</b>  |                                  | d. STREET ADDRESS (If rural, give location)<br><b>1625 So. 20th St.</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>James</b>  | b. (Middle) <b>R.</b>            | c. (Last) <b>Hopkins</b>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 28, 1952</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Nov. 27, 1868</b>                        |
| 9. AGE (In years last birthday)<br><b>83</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Importer</b>   | 11. BIRTHPLACE (State or foreign country)<br><b>Tioga, Ill.</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Oriental Mdse.</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>John T. Hopkins</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary C. Woodworth</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Ruth Hopkins</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   |
| 16. SOCIAL SECURITY NO.<br><b>None</b>  |                                  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs Herndon Baker Kansas City, 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.                     |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Myocardial Infarction (old)</b><br>DUE TO (c) <b>Hypertensive Heart Disease</b> |   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b>   |   |
| 20. AUTOPSY?<br>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>6/10, 1952</u> to <u>6/28, 1952</u> , that I last saw the deceased alive on <u>6/27, 1952</u> and that death occurred at <u>3:40a</u> m., from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE<br><b>G.T. Bloomer, M.D.</b>   |                                  | 23b. ADDRESS<br><b>1218 N. 3d St. Joseph, Mo.</b>   |   |
| 23c. DATE SIGNED<br><b>6/28/52</b>  |                                  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   |
| 24b. DATE<br><b>7-1-52</b>  |                                  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Olivch</b>  |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>St Joseph, Mo.</b>  |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Herman W. Zidenfaden 1802 Union St</b>   |   |
| DATE REC'D BY LOCAL REG<br><b>July 1, 1952</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Carl C. Casper</b>  |   |

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STATEMENT BY LICENSED EMBALMER

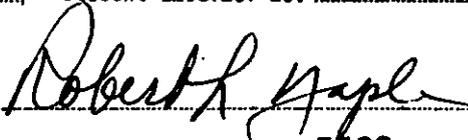
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....



Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.