

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21308

State File No. _____
 Registrar's No. 65

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047

0732
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>	c. LENGTH OF STAY (If in this place) <u>39 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u>	<u>0600</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>In Town</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>	b. (Middle)	c. (Last) <u>Hopkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1952</u>
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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>October 27, 1877</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Hours) (Min.) <u>74</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles M. Carroll</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Buck</u>	14. NAME OF HUSBAND OR WIFE <u>William Edward Hopkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam Hopkins, Goodman, Missouri</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>39 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, fractured skull, crushed right chest.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Accident</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>crossing KCSR tracks</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Goodman McDonald Missouri</u>
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21d. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY <u>June 5th 1952 4:20P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crossing Kansas City Southern Railroad tracks at south east corner Goodman School play ground</u>
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22. I hereby certify that I attended the deceased from June 5, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 7:06A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin C. Bowman</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Neosho, Missouri.</u>	23c. DATE SIGNED <u>June 9, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-9-52</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman, Missouri</u>
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RECEIVED

District Health Officer No. _____ **NEWTON COUNTY HEALTH UNIT**
District File Number 652-108
Date Filed 6/12/52

NEOSHO, MISSOURI

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.