V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36105

State File No. .....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 337

0940

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge
c. LENGTH OF STAY (in this place) 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 109 Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge 0940
d. STREET ADDRESS (If rural, give location) 109 Jackson 0

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) F. c. (Last) Hopkins

4. DATE OF DEATH (Month) Oct. (Day) 15, (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Nov. 21, 1875
9. AGE (In years last birthday) 76 | If under 1 year: Months 10 Days 24 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) care of home
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (City and State or Foreign Country) Near St. James, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alfonce Collier
13b. MOTHER'S MAIDEN NAME Fanney Dugion
14. NAME OF HUSBAND OR WIFE William Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Willis Forrest, Desloge, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 d

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Pulm. TBC

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* [redacted] Lues

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 002XB
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1950 *to* Oct 15, 1952, *that I last saw the deceased alive on* Oct 14, 1952 *and that death occurred at* 10:35 am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. C. Gaebe M.D.O.
23b. ADDRESS Desloge Mo
23c. DATE SIGNED 10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 10/18/52
24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.
24d. LOCATION (City, town, or county) St. Francois, (State) Mo.

DATE REC'D BY LOCAL REG. Oct. 20, 1952
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. Z. BOYER & SON, DESLOGE, MO. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 S. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.