

NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37723

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1175

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		0117	
c. LENGTH OF STAY (in this place) <b>29 years</b>		d. STREET ADDRESS (If rural, give location) <b>2712 Renick St.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Olza</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Hopkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 6, 1952</b>	
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5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>February 15, 1871</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. veterinary</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Albany, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
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13a. FATHER'S NAME <b>Thomas A. Hopkins</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Canaday</b>			14. NAME OF HUSBAND OR WIFE <b>May</b>		
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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) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-09-0523</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Leo Johnson, 2712 Renick, St. Joseph, Mo.</b>		ADDRESS	
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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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>							
		ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>							
		DUE TO (c) <b>arteriosclerotic changes, hypertension, hypercholesterolemia, atherosclerosis of coronary arteries.</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>3 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>410x H</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 10/25, 1952, to 11/6, 1952, that I last saw the deceased alive on 11/6, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank J. Handigan, M.D.</b>		23b. ADDRESS <b>670 Grand St. B.</b>		23c. DATE SIGNED <b>11/7/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11/8/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>BeKalb Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Nov. 13, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Eugene Wood*  
Licensed Embalmer No. 3884

P. O. Address 314 So 10th 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.