

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **86**

5043

FILED JAN 19 1953

REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 10

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

J. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 3 Days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Prairie Twp. 0046		d. STREET ADDRESS (If rural, give location) RFD #4, Mexico, MO	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Audrain County Hospital			
3. NAME OF DECEASED a. (First) Herod b. (Middle) E. c. (Last) HOPKINS		4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1891
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	12. CITIZEN OF WHAT COUNTRY? US
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Crops	
11. BIRTHPLACE (City and State or Foreign Country) Caryle, Kentucky		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Robert Hopkins		13b. MOTHER'S MAIDEN NAME Martha (Unknown)	
14. NAME OF WIFE Cordelia Botts Hopkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. H. E. Hopkins, Mexico, Missouri		ADDRESS Mexico, Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) <u>Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334X	
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)		334X	
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 Jan. 9, 1953, to Jan. 13, 1953, that I last saw the deceased alive on Jan. 13, 1953, and that death occurred at 6:30a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D.		23b. ADDRESS Mexico, Mo	
23c. DATE SIGNED 1-15-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-53	
24c. NAME OF CEMETERY OR CREMATORY Eastlawn Mem. Park		24d. LOCATION (City, town, or county) (State) Audrain County, Mo.	
DATE REC'D BY LOCAL REG. Jan 16-1953		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE Chas Arnold		ADDRESS Mexico, Mo	

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 Richard J. McDonald

Licensed Embalmer No. 4825

P. O. Address Wesley 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.