

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2-2001 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Adair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville c. LENGTH OF STAY (In this place) 2 yrs.

c. CITY OR TOWN Kirksville d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Com. Nursing Home #1

e. STREET ADDRESS (If rural, give location) 1008 E. Washington St. 10013

3. NAME OF DECEASED a. (First) Aaron b. (Middle) P. c. (Last) Hopson

4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1954

5. SEX M

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 2, 1867

9. AGE (In years) (If under 1 year last birthday) (If under 1 year Months) (If under 1 year Days) (If under 1 hr. Hours) (If under 1 min. Min.) 86

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY Insurance

11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Cary N. Hopson

13b. MOTHER'S MAIDEN NAME Rebecca A. Coleman

14. NAME OF HUSBAND OR WIFE Elizabeth Catherine Hoag

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME none

ADDRESS Mrs. Blanche Lowrance, Kirksville, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amoxia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Coronary Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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 9-22, 1859 to 1-12, 1954 that I last saw the deceased alive on 1-11, 1954, and that death occurred at 6: A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David W. Bone M.D.

23b. ADDRESS Kirksville, Mo.

23c. DATE SIGNED 1/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/15/54

24c. NAME OF CEMETERY OR CREMATORY Maple Hills

24d. LOCATION (City, town, or county) (State) Kirksville, Mo.

DATE REC'D BY LOCAL REG. 1-15-54

REGISTRAR'S SIGNATURE Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE Paul W. ...

ADDRESS Kirksville, Mo.

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.....
Signature of Student Embalmer

Signed *George W. Davest*

Licensed Embalmer No. *479*

P. O. Address *Kirpaulle*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.