

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3884**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Audrain County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Town Mexico		c. CITY (If outside corporate limits, write RURAL and give township) Montgomery City Mo	
c. LENGTH OF STAY (in this place) 1 mo - 9 days		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County			

3. NAME OF DECEASED (Type or Print) Clarence	a. (First)	b. (Middle) C.	c. (Last) Hopkins	4. DATE OF DEATH (Month) (Day) (Year) 2-19-54
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-26-1869	9. AGE (in years last birthday) 84	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tinner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Montgomery City Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Edward E. Hopkins	13b. MOTHER'S MAIDEN NAME Sallie Randolph	14. NAME OF HUSBAND OR WIFE Katie Hopkins "Decd"
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME C. W. Hopkins	ADDRESS Montgomery City Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular failure		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular and disease		5 yrs
DUE TO (c) fracture hip.		40 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442XF			

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)	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)	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 **Jan 10, 1954**, to **Feb 19, 1954**, that I last saw the deceased alive on **Feb 19, 1954**, and that death occurred at **11:05 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE M. Callender	(Degree or title) MD	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED Feb 29, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-21-54	24c. NAME OF CEMETERY OR CREMATORY Montgomery City Cem	24d. LOCATION (City, town, or county) (State) Montgomery City Mo
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DATE REC'D BY LOCAL REG Feb 21-1954	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE F. B. Helms	ADDRESS Belleville Mo
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(Licensed Embalmers' Statement on Reverse Side)

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, ~~by~~ on the
19th day of ~~Feb~~ 1954

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R B Mills

Licensed Embalmer No. 1588

P. O. Address

Yellville 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.