

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16541

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Troy</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Troy</i>	
c. LENGTH OF STAY (In this place) <i>82 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>c-570</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ARTHUR</i> b. (Middle) <i>LOGAN</i> c. (Last) <i>HOPKINS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 15 1954</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>Aug 10 1871</i>
9. AGE (In years) (Months) (Days) <i>82 9 5</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter (Ret)</i>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Wm H Hopkins</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Louise Logan</i>	
14. NAME OF HUSBAND OR WIFE <i>Lattie Hopkins</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mary Jefferson</i> ADDRESS <i>Troy Mo.</i>	
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) <i>Myocardial Infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Senility</i>	
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 <i>4221</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <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 <i>12/2</i> , 19 <i>53</i> to <i>May 15</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>5/15</i> , 19 <i>54</i> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. C. Creech</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>Troy Mo</i>	23c. DATE SIGNED <i>5/15/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 17 54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Old Alexander Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Lincoln County Mo</i>
DATE REC'D BY LOCAL REG. <i>May 22 54</i>	REGISTRAR'S SIGNATURE <i>Emma B. Riddle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wayne M & Co</i> ADDRESS <i>Troy Mo.</i>	

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 *Wayne McGeary*
Licensed Embalmer No. *3586*

P. O. Address *Jury 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.