

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19392**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 88

0492

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town Webb City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>402 N. Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>402 N. Cedar St.</u>			

3. NAME OF DECEASED a. (First) <u>Murrel</u> b. (Middle) <u>Lenordd</u> c. (Last) <u>Hopkins</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>5</u> (Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 9, 1899</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	11. BIRTHPLACE (State or foreign country) <u>Linn-Creek, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Richard Hopkins</u>	13b. MOTHER'S MAIDEN NAME <u>Gyntha DeVore</u>	14. NAME OF HUSBAND OR WIFE <u>Tillie Hopkins</u>
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1920-1921</u>	16. SOCIAL SECURITY NO. <u>444-09-5786</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tillie Hopkins</u> ADDRESS <u>Webb City Mo</u>

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 <u>2 weeks</u>  <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 June, 1954, to July 5, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Everleigh M.D.</u>	23b. ADDRESS <u>2226 Webb City, Mo.</u>	23c. DATE SIGNED <u>7-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City MO</u>
DATE REC'D BY LOCAL REG. <u>7-7-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Schuster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u> ADDRESS <u>Mortuary</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1954

JUL 12 1954

RECEIVED

Jasper County Health Office

County File Number 5-31

Date Filed JUL 12 1954

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 *Harvey E. Amee*

Licensed Embalmer No. *4462*

P. O. Address *Webb City, 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.