

No. 300
10-48

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19922

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5943</u>		Registrar's No. <u>114</u>		
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Spring Creek</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>Rural-Spring Creek</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles South of Edgar Springs</u>				e. STREET ADDRESS (If rural, give location) <u>0 810</u> <u>2 miles South of Edgar Springs</u> 0				
3. NAME OF DECEASED (Type or Print) <u>HARRY</u>			a. (First)		b. (Middle)		c. (Last) <u>HOPKINS</u>	
4. DATE OF DEATH <u>June 29, 1954</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED? <u>WIDOWER</u>		WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 18, 1881</u>		9. AGE (In years last birthday) <u>72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Power</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Doniphan County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie</u>		14. NAME OF HUSBAND OR WIFE <u>Nina</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-10-7777</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Hopkins</u> ADDRESS <u>Box 197, Jackson</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & Pulmonary arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Cardiovascular renal syndrome</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>repeated surgery for hernia & prostatic condition</u> INTERVAL BETWEEN ONSET AND DEATH 0 <u>1 year</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>				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 <u>June 26, 1954</u> , to <u>June 29, 1954</u> , that I last saw the deceased alive on <u>June 28, 1954</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. J. Myers</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Licking, Mo</u>		23c. DATE SIGNED <u>6-30-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>June 30, 1954</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> ADDRESS <u>Rolla, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed JUL 6 1957

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..... *Paul E. N.*

Licensed Embalmer No. *449*

P. O. Address *Rolla*

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.