

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21734**

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>108</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Marshall Twp.</u>		c. LENGTH OF STAY (In this place) <u>40 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marshall Twn.</u>		0970		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. East of Marshall, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 Mi. East of Marshall, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>E.</u> c. (Last) <u>Hopkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 19-1866</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u>13</u> Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Did not work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Adrian Co. Near Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lemon Hopkins</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Case</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Hopkins-Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal Nutrition & Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flu April 1954</u> DUE TO (c) _____ 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 <u>481X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) (Min.)		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>May 10, 1954</u> to <u>July 2, 1954</u> ; that I last saw the deceased alive on <u>July 1, 1954</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. C. Putnam M.D.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>7-2-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden - Marshall, Missouri</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>7-2-54</u>		REGISTRAR'S SIGNATURE <u>Lidway J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lealie Swenson - Marshall, Mo</u>		ADDRESS		

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 *J. Leelin Swanney*

Licensed Embalmer No. *3235*

P. O. Address *Marshall, 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.