

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39918

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>14 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 South Clay</u>				d. STREET ADDRESS (If rural, give location) <u>815 S. Clay</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ione</u> b. (Middle) <u>Marian</u> c. (Last) <u>Hopkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 10, 1890</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>64</u>		11. DAYS <u>64</u>		12. HOURS <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James T. Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. Hopkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Hopkins</u>		ADDRESS <u>Nevada Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinomatosis of abdomen</u>					<u>4 months</u>
		ANTECEDENT CAUSES DUE TO (b) <u>adenocarcinoma of sigmoid.</u>					<u>18 months</u>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>					
19a. DATE OF OPERATION <u>5-9-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma of lower sigmoid</u> <u>perineal abdomen resection</u> <u>Abdomen explored. General car-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada</u> <u>Vernon</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>May 9, 1953</u> to <u>December 6, 1954</u> ; that I last saw the deceased alive on <u>Dec. 5, 1954</u> , and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. B. Wray, M. D.</u>				23b. ADDRESS <u>Moore Building</u>		23c. DATE SIGNED <u>12-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomers Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-10-54</u>		REGISTRAR'S SIGNATURE <u>(Signature)</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eichinger Funeral Home Nevada, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1956

MAR 24 1956

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. 502

working under my personal supervision.

Student Francis C. Marsh  
Student Embalmer

Signed Ruby F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.