

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40088**

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4038** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warsaw		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN -----	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side Nurse Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Mattie	b. (Middle) ---	c. (Last) Hopkins	4. DATE OF DEATH (Month) (Day) (Year) Dec 14th 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 25th 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 4 Months	IF UNDER 12 Hrs. 19 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Warsaw Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Luk Wilson	13b. MOTHER'S MAIDEN NAME Martha Orr	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Juile Enloes	ADDRESS 3410 Park K C Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema.		24 HOURS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		4 YEARS
DUE TO (c) UREMIA.		3 DAYS	
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June, 1950**, to **14 Dec, 1951**, that I last saw the deceased alive on **14 Dec, 1951**, and that death occurred at **2:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE David Allen M.D.	(Degree or title)	23b. ADDRESS Warsaw Mo	23c. DATE SIGNED 16 Dec 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Kinkad Cemetery	24d. LOCATION (City, town, or county) (State) Benton County Mo
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DATE REC'D BY LOCAL REG. 12/16/54	REGISTRAR'S SIGNATURE Jas. A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE B. L. Eichhoff	ADDRESS Cole Camp Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0080
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JAN 1 1955

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address P.O. BOX 1 Oak Ridge

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.