

FILED JAN 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. **41000**
Registrar's No. **5972**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>Merriam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>ONE DAY</u>	c. CITY OR TOWN <u>Merriam</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>10115 W. 60th Terrace</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Herbert</u> c. (Last) <u>HOPKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 27 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>1</u>	8. DATE OF BIRTH <u>6-30-1895</u>
9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHECKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Reich Fruit + Veg. Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Paul Dennis Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Cecelia Gable</u>	
14. NAME OF HUSBAND OR WIFE <u>RUTH HOPKINS</u>			
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>441-09-7671</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Hopkins Merriam Kan.</u>		ADDRESS <u>Merriam Kan.</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>CEREBRAL HEMORRHAGE 72 HRS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> <u>UNKNOWN</u> DUE TO (c) <u>HYPSTATIC PNEUMONIA</u> <u>2 1/2 HRS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PROSTATIC HYPERTROPHY</u> <u>SEV. YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>12-27-54</u>		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>12-24</u> , 1954, to <u>12-27</u> , 1954, that I last saw the deceased alive on <u>12-27</u> , 1954, and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Charles A. Schwab (Degree or title) <u>Charles A. Schwab D.O.</u>		23b. ADDRESS <u>Ozarkland Park, Kan.</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-29-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>		ADDRESS <u>K.C. Kan.</u>	

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

Dr. Class Schwab
8007 Overland Park Dr.
Ni-35

Li-0408

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 *Ray E. Shelton*
Licensed Embalmer No. 4700
P. O. Address Kansas City

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.