

FILED NOV 7 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **32613**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **316**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Jefferson City</b> )		c. LENGTH OF STAY (in this place) <b>53 yrs</b>	c. CITY OR TOWN <b>Jefferson City</b>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>620 E. Elm Street</b>			STREET ADDRESS (If rural, give location) <b>620 E. Elm Street</b> <b>02640</b>		
3. NAME OF DECEASED a. (First) <b>ANNA</b>		b. (Middle) <b>DEE</b>	c. (Last) <b>HOPKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 2 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 6 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR <b>6</b> Months IF UNDER 24 HRS. <b>0</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charley Ferguson</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Lawrence Hopkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pauline M. Price</b> ADDRESS <b>820 N. Elm Street, Jefferson City, Mo</b>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Collapse</b> ANTECEDENT CAUSES DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Congenital Heart Disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b> <b>4341</b>			INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b> <b>1 mo</b> <b>6 mo</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>	
22. I hereby certify that I attended the deceased from <b>May 18 1955</b> , to <b>Nov 1 1955</b> , that I last saw the deceased alive on <b>Nov 1 1955</b> , and that death occurred at <b>5:20 a. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>William A. Lissa D.O.</b>			23b. ADDRESS <b>419 1/2 Lafayette St. C. MO</b>		23c. DATE SIGNED <b>Nov. 4, 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 5 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Longview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4 Nov 1955</b>		REGISTRAR'S SIGNATURE <b>R. P. Dorris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MA-RP. Tamm... [unclear]</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Donald P. Freeman*  
Donald P. Freeman  
Licensed Embalmer No...4623

P. O. Address...J.G.V.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.