

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36880**  
**4717**

FILED NOV 23 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>2920 E. 28th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leis</b> b. (Middle) <b>Ellise</b> c. (Last) <b>Hopkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 2 1955</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 6, 1888</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lockberg, Ark.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>laborer</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Alfred Hopkins</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Busby</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Hopkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>513-05-0966</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leona Hopkins</b> ADDRESS <b>2920 E. 28th</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		DUE TO (b) <b>Cerebral vascular accident</b>		<b>331 X</b>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Generalized arteriosclerosis.</b>			
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"/>	
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) m.		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 10-28-55, 19  , to 11-2-55, 19  , that I last saw the deceased alive on 11-2-55, 19  , and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Ellis M.D.</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>11-3-55</b>	
24a. BURIAL CREMATION; REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Nov 5, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>					

DATE REC'D BY LOCAL REG. <b>11-3-55</b>		REGISTRAR'S SIGNATURE <b>Neva Trinsell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros. K.C.M.</b> ADDRESS	
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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. *Anna P. Watkins*.....

Licensed Embalmer No. *450*.....

P. O. Address *1800 Ben*.....

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.