S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7773

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4501 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield
c. LENGTH OF STAY (In this place): yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at family home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Bloomfield
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 1030

3. NAME OF DECEASED (Type or Print)
a. (First): GLADYS
b. (Middle): KATHRYN
c. (Last): HOPKINS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1914
9. AGE (In years last birthday): 41
IF UNDER 1 YEAR: Months: 7 Days: 5
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Advance, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Charley Bess
13b. MOTHER'S MAIDEN NAME: Oma Shell
14. NAME OF HUSBAND OR WIFE: Elmer D. Hopkins
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 ADDRESS: Elmer D. Hopkins, Bloomfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchio pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Lymphatic Leukemia, 3 years

DUE TO (c)

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: 2040
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1956, *to* Feb 12, 1956, *that I last saw the deceased alive on* Feb 17, 1956, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stephen Parks M.D.
23b. ADDRESS: Bloomfield Mo.
23c. DATE SIGNED: 2-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 19-56
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield cem.
24d. LOCATION (City, town, or county) (State): Bloomfield, Mo.

DATE REC'D BY LOCAL REG.: 2-21-56
REGISTRAR'S SIGNATURE: Lois E. Mooney 510
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CHILES UND. CO. Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....Lulu Cooper # 3499....., ~~Student Embalmer No.~~.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Lulu C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield,..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.