

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14248

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 5954		Registrar's No. 64			
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paynesville</u>		c. LENGTH OF STAY (if this place) <u>lifetime</u>		c. CITY OR TOWN <u>Paynesville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>				f. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>T.</u>		c. (Last) <u>HOPKE</u>			
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>27</u>		(Year) <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>JAN. 13, 1888</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Annada, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>HENRY Hopke</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Melora Hopke</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W. W. ONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josie D. Hopke - Paynesville, Mo.</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 Haemorrhage,</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>331x</u> YES <input 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) (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 <u>Apr. 27th, 1956</u> , to <u>Apr. 28th, 1956</u> , that I last saw the deceased alive on <u>Apr. 27th, 1956</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John J. Guy, M.D.</u> (Degree or title)				23b. ADDRESS <u>Paynesville, Mo.</u>		23c. DATE SIGNED <u>Apr. 28th</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr. 29, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 29, 1956</u>		REGISTRAR'S SIGNATURE <u>Bernice Callin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edelberry, Mo</u>					

MAY 9 1956

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 

Licensed Embalmer No. 4017

P. O. Address Elberton, 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.