

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1956  
XC-169-2549  
RN-12149

STATE FILE NUMBER 22934  
Registrar's No. 406

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Norwood</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		Length of stay in lb <b>6 days</b>		d. STREET ADDRESS (If outside, give location) <b>Route 2</b>	
3. NAME OF DECEASED (Type or print) First <b>Jackson</b> Middle <b>Davis</b> Last <b>Hopkins</b>			4. DATE OF DEATH Month <b>July</b> Day <b>23</b> Year <b>1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/16/92</b>	9. AGE (In years by birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Mt. Grove, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>William Hopkins</b>		
14. MOTHER'S MAIDEN NAME <b>Isabell Long</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>		
16. SOCIAL SECURITY NO. <b>Unknown</b>			17. INFORMANT <b>VA Hospital Records</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Perforated duodenal ulcer with generalized peritonitis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? <b>YES</b> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>July 17, 1956</b> to <b>July 23, 1956</b> Death occurred at <b>11:50 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Ernest M. Tapp, M.D., Manager</b>			22b. ADDRESS <b>VAH, Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>7/24/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-25-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Springfield National</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/30/56</b>		26. REGISTRAR'S SIGNATURE <b>RN Mueller</b>	

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be shown. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED  
AUG 8 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

AUG 16 1958

1958

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 Grover W. Greer

Licensed Embalmer No. 27

P. O. Address Poplar St.

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.