

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38653

BIRTH NO. _____		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 5674		Registrar's No. 47			
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b>				b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(Rural) Snowhill</b>			c. LENGTH OF STAY (in this place) <b>2yr</b>		6. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 Miles N.E. of Troy MO.</b>				e. STREET ADDRESS (If rural, give location) <b>10 Miles N.E. of Troy MO.</b>				0570	
3. NAME OF DECEASED (Type or Print) <b>STEPHEN B HOPKINS</b>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <b>Nov. 10, 1956</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 15, 1877</b>		9. AGE (In years last birthday) <b>79</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nightwatchman (Ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Troy Mo.</b>	
13a. FATHER'S NAME <b>Wm. Neal Hopkins</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Logan</b>			14. NAME OF HUSBAND OR WIFE <b>Vienna May Hopkins</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>494-03-7749</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Dave Kessler</b>			ADDRESS <b>Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2</b>	
				ANTECEDENT CAUSES Morbid 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.									
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)		4201			
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 _____, 19____, to <b>Nov. 10, 1956</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Joseph J. Marsh, Coroner</b>				23b. ADDRESS <b>351 MONROE ST TROY, MO</b>				23c. DATE SIGNED <b>11/10/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 12, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lincoln County Mo</b>			
DATE REC'D BY LOCAL REG. <b>11-17-1956</b>		REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. McBoy</b>		ADDRESS <b>Troy Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *D. D. Mc Coy* .....

Licensed Embalmer No. Not. Emba

P. O. Address..... Troy, 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.