FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

828
STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Baptist Rest Home — Length of stay in 1b: 2 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Campbell 0350 — Inside Limits Yes X No ☐
d. STREET ADDRESS Front Street (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ALICE Middle Last HOPKINS
4. DATE OF DEATH: Month Jan. Day 21 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Feb. 26, 1888
9. AGE (In years last birthday): 68 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sam Stell
14. MOTHER'S MAIDEN NAME: Unknown
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: Mrs. Bea Hopkins, Campbell, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 522X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 3
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/1/57, to 1/21/57 and last saw her alive on 1/21/57
Death occurred at 12:30pm on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Wallace Belsey M.D. (Degree or title)
22b. ADDRESS: Campbell - Mo.
22c. DATE SIGNED: 1/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 23, 1957
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Campbell, Missouri
24. FUNERAL DIRECTOR ADDRESS: Landers Funeral Home, Campbell, Mo
25. DATE RECD. BY LOCAL REG.: 1-25-1957
26. REGISTRAR'S SIGNATURE: Mrs Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 1- 28-5

COUNTY FILE NUMBER 157-

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Christine M. Landers

Licensed Embalmer No. 42

P. O. Address Campbe

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