

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1699**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Webb City Mineral</u> )				c. LENGTH OF STAY (in this place) <u>12 1/2 mos.</u>		c. CITY OR TOWN <u>Carthage</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmhurst Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>1117 Walnut St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u>		b. (Middle) <u>ARMETA</u>		c. (Last) <u>HOPKINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18, 1957</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 7, 1867</u>			
9. AGE (In years last birthday) <u>89</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>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>William F. Westfall</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Lenger</u>			
14. NAME OF HUSBAND OR WIFE <u>James E. Hopkins</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.L. Neathery</u>				ADDRESS <u>1117 Walnut, Carthage</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Salmonella Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1) myocardial infarction 2) ecchymosis 3) Stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u> <u>11 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) _____					
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>3-25</u> , 19 <u>49</u> , to <u>1-18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-11</u> , and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>1-18-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 20-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoxie, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-19-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

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County File Number 57-1-46  
Date Filed JAN 21 1957

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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage,

- 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.