

FILED JUN 10 1957

REG. DIST. NO. 164 4252 PRIMARY REG. DIST. NO. 164 Registrar's No. 468

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before death) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Centerville		c. CITY OR TOWN Centerville	
c. LENGTH OF STAY (In this place) 13 yr		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Centerville, Mo		e. STREET ADDRESS (If rural, give location) Centerville, Mo 65105	

3. NAME OF DECEASED (Type or Print)	a. (First) FANNIE	b. (Middle) MARSHALL	c. (Last) HOPKINS	4. DATE OF DEATH (Month) (Day) (Year)
				May 30 1957

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Aug 18 1876	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 19	11. UNDER 1 YEAR Days 12	12. IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Pigginsville, Mo, U.S.A.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John P. Blair	13b. MOTHER'S MAIDEN NAME Mary A. Baker	14. NAME OF HUSBAND OR WIFE Chas. D. Hopkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ned Hopkins	ADDRESS Kansas City, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 7 yrs
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		4201

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 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948, 19 to 31 May, 1957, that I last saw the deceased alive on 31 May, 1957, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE Ned Hopkins (Degree or title)	23b. ADDRESS Wathensburg, Mo	23c. DATE SIGNED 6-4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1 1957	24c. NAME OF CEMETERY OR CREMATORY Walden Cemetery	24d. LOCATION (City, town, or county) (State) Walden, Mo
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DATE REC'D BY LOCAL REG. 6-4-57	REGISTRAR'S SIGNATURE Sammie Crutchfield	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Crutcher & Hoff, Walden, Mo
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(Signed and Embalmer's Statement on Reverse Side)
Earl Priest, Deputy

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

147

JUN 14 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 *W. L. Canada*.....

Licensed Embalmer No. *3434*
P. O. Address *Golden*.....

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.