FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 027545 STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 947

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sunnyslope Nursing Home, 3225 S. 11th — Length of stay in 1b: 40 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, Mo. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 819½ N. 9th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LILLIAN Middle: Last: HOPKINS

4. DATE OF DEATH Month, Day, Year: August 28, 1957

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: June 5, 1883

9. AGE (In years last birthday): 74 — 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: own home

11. BIRTHPLACE (City and state or country): Bronson, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Eugene R. Carter

13b. MOTHER'S MAIDEN NAME: Elizabeth Brethed

14. NAME OF HUSBAND OR WIFE: Luke Hopkins

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.: 499-18-4858

17. INFORMANT: Lester E. Carter, 1608 So. 10th, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Intestinel hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Mental depression-Starvation "refused food" 2

DUE TO (c): Arcromegaly 272X — Over 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 8/24/57, to 8/26/57 and last saw her/him alive on 8/26/57. Death occurred at 2:00a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clifton Smith (Degree or title) MD

22b. ADDRESS 218 N. 7th, St. Joseph, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 8/30/1957

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Sept. 3, 1957

26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 .....

Licensed Embalmer No. 4535

P. O. Address 3195 [illegible]

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.