

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29019

STATE FILE NUMBER

FILED AUG 27 1957

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 88

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimmitt Mem. Hosp.</u>			Length of stay in 1b <u>4 days</u>	d. STREET (If outside, give location) ADDRESS <u>5610 Minnesota</u>	
3. NAME OF DECEASED (Type or print) First <u>Joyce</u> Middle <u>Irene</u> Last <u>Hopkins</u>			4. DATE OF DEATH Month <u>8</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/15/1957</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>4</u> Days <u>4</u> IF UNDER 24 HRS.: Hours <u>4</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and state or country) <u>Humansville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William Hopkins</u>			14. MOTHER'S MAIDEN NAME <u>Virgie Irene Jarcom</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT Address <u>William Hopkins, K. C. Kansas</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia of the New Born</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>8/15/57</u> to <u>8/19/57</u> and last saw her alive on <u>8/19/57</u> Death occurred at <u>10:15</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. G. Robinson M.D.</u>			22b. ADDRESS <u>Humansville, Mo.</u>		22c. DATE SIGNED <u>8/20/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/20/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Beckwith Funeral Home, Humansville, Mo.</u>			25. DATE REGD. BY LOCAL REG. <u>8-27-1957</u>		25. REGISTRAR'S SIGNATURE <u>Ralph Gordon, per Jewell Shoben</u>

(Licensed Embalmer's Statement on Reverse Side)

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 not embalmed, Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 393

P. O. Address Ames

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