

FILED NOV 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41490

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 595D Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Levy Hartford</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Levy Hartford</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>0820</u> Inside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>John Robert Hopke</u>		4. DATE OF DEATH <u>Oct 25 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 15 1887</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Care of Horses</u>		9b. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and state or country) <u>Lincoln Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13. FATHER'S NAME <u>William Hopke</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Colbert</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>5810</u>	
17. INFORMANT <u>Cleo Hopke Bowling Green, MO</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>acute Hemorrhage in the Gastric</u> DUE TO (b) <u>Cirrhosis of the Liver - with</u> DUE TO (c) <u>Portal stasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Edema and circulatory failure</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10/25/57</u> <u>3 yrs -</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, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 21 - 1956</u> to <u>Oct 25 1957</u> and last saw <u>her</u> alive on <u>Oct 21 1957</u> Death occurred at <u>5 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dan Buchanan D.D.</u>		22b. ADDRESS <u>114 E. La Fayette Palmyra Mo</u>	
22c. DATE SIGNED <u>10/26/57</u>		23. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial Oct. 27 1957</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	
23c. DATE RECD. BY LOCAL REG. <u>11/23/57</u>		23d. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	
24. FUNERAL DIRECTOR <u>Grace Parkhead Bowling Green MO</u>		25. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

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 *Harold C. Kirk*.....

Licensed Embalmer No. *459*..

P. O. Address *Berkeley*..

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.