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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033306
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 129

300
1-57
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1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FESTUS-RURAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>DE SOTO</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>MT VIEW N.H.</u>		Length of stay in lb <u>3 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>1227 S. 2nd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MILLIE</u> Middle Last <u>HOPSON</u>			4. DATE OF DEATH Month <u>AUG</u> Day <u>24</u> Year <u>1958</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 26 1873</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and state or country) <u>HOPEWELL MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>PINKNEY HUDDLESTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARYNA ELLEN BORTON</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN H. HOPSON</u>
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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>486-40 2950</u>	17. INFORMANT <u>NEWELL HOPSON</u>	Address <u>DE SOTO MO</u>
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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>Dietschial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5-6 days</u> 7 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fracture of Hip</u>	
	DUE TO (c) <u>9040 21</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Fracture of Hip - Fall</u>
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20c. TIME OF INJURY Hour <u>5:00</u> Month, Day, Year <u>July 10 - 1958</u> 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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>De Soto</u>	COUNTY <u>Jefferson</u>	STATE <u>MO</u>
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21. I attended the deceased from Death occurred at <u>7-10-58</u> to <u>8-24-58</u> and last saw her alive on <u>8/23/58</u> in on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Dr. E. J. Falter</u>	22b. ADDRESS <u>De Soto Mo</u>	22c. DATE SIGNED <u>8-25-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 26, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	23d. LOCATION (City, town, or county) (State) <u>DE SOTO MO</u>
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24. FUNERAL DIRECTOR <u>MAHN Funeral Home</u>	ADDRESS <u>De Soto, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-30-58</u>	26. REGISTRAR'S SIGNATURE <u>Paul B. Rydon</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT
HILLSBORO, MISSOURI

DATE RECEIVED SEP ³ 1958

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 *Serald J. Mohr*

Licensed Embalmer No. *4975*

P. O. Address *De Soto, Mo*

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.