

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

3042

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59-029878

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. Registrar's No. 3042

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| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho | | Length of stay in 1b D.O.A. | c. CITY OR TOWN Neosho |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route #1 |
| 3. NAME OF DECEASED (Type or print) First Albert Middle D. Last Hopkins | | | 4. DATE OF DEATH Month August Day 14 , Year 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-6-1886 |
| 9. AGE (last birthday) 73 | IF UNDER 1 YEAR Months Days Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming |
| 11. BIRTHPLACE (City and state or country) Pineville, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | 13a. FATHER'S NAME William H. Hopkins | 13b. MOTHER'S MAIDEN NAME Minerva J. Davidson |
| 14. NAME OF WIFE OR HUSBAND Ova J. Hopkins | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 500-09-4721 | 17. INFORMANT Ova J. Hopkins Address Rt. #1 Neosho, 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) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | 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 Did not attend and last saw her/him alive on _____ Death occurred at 5:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Melvin P. Bowman M.D. Registrar | | 22b. ADDRESS Neosho Missouri | 22c. DATE SIGNED 8-18-59 |
| 23a. BURIAL, CREMATION, REPOSING (Specify) Burial | 23b. DATE 8-16-1959 | 23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery | 23d. LOCATION (City, town, or county) (State) Neosho, Missouri |
| 24. FUNERAL DIRECTOR Clar Funeral Home ADDRESS Neosho, Missouri | | 25. DATE RECD. BY LOCAL REG. 8-18-59 | 26. REGISTRAR'S SIGNATURE Melvin P. Bowman |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Red L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. W. Ave
Beaumont, 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.