URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040120

STATE FILE NUMBER

NDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5251

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1114 East 12th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James Middle: A. Last: Hopkins
4. DATE OF DEATH Month: 10-30- Day: Year: 1959
5. SEX: male
6. COLOR OR RACE: Negro.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-26-13
9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Coffeyville, Kans.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Randolph Hopkins
13b. MOTHER'S MAIDEN NAME: Laura Smith
14. NAME OF HUSBAND OR WIFE: Never married
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.: 500-03-6376
17. INFORMANT: Edward Hopkins, K. C. K. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) bilateral pyelonephritis
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 10- 11-1959 to 10-30-1959 and last saw him alive on 10-30-1959
Death occurred at 7:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry K.C.Mo.
22c. DATE SIGNED 11-2-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-6-59
23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Mrs. Meek's Mortuary, K. C. Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-2-59
26. REGISTRAR'S SIGNATURE: Neva Minnall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Millard B Pas

Licensed Embalmer No. 5013

P. O. Address K. C. 7

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