

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-043061

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6749 Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duckcreek | Length of stay in 1b life | c. CITY OR TOWN Puxico | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2, Puxico | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route 2, Duckcreek Twn. |

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| 3. NAME OF DECEASED (Type or print) First Charles Middle Willard Last Hopkins | 4. DATE OF DEATH Month November Day 22 Year 1959 |
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| 5. SEX male | 6. COLOR OR RACE cauc. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/7/1896 | 9. AGE (last birthday) 63 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HR Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (City and state or country) Bloomfield, Mo | 12. CITIZEN OF WHAT COUNTRY U. S. |
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| 13a. FATHER'S NAME Anderson Hopkins | 13b. MOTHER'S MAIDEN NAME Sophia Moore | 14. NAME OF HUSBAND OR WIFE Clara Hopkins |
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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) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Clara Hopkins Route 2, Puxico, Mo |
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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) REPEATED CEREBRO-VASCULAR ACCIDENTS | | INTERVAL BETWEEN ONSET AND DEATH 5 WKS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) hypertension | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pathological fractures, bilateral 10th Ribs + L I. Suspect CA | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour 6:25 a.m. pm Month, Day, Year 10-17-59 | 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 Puxico, Mo | COUNTY | STATE |
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| 21. I attended the deceased from 10-17-59 to 11-22-59 and last saw ^{her} him alive on 10-20-59 Death occurred at 6:25 p.m. 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) H. Steeniger Sr | 22b. ADDRESS Puxico, Mo | 22c. DATE SIGNED 11-24-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11/25/1959 | 23c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery | 23d. LOCATION (City, town, or county) (State) Puxico, Missouri |
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| 24. FUNERAL DIRECTOR ADDRESS Watkins & Sons Puxico, Mo | 25. DATE RECD. BY LOCAL REG. 11-27-59 | 26. REGISTRAR'S SIGNATURE Velma V. Jenkins |
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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 Carl M. Mathews

Licensed Embalmer No. 41964
P. O. Address W. P. H. Co.

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.