

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043171

FILED VS NOV 18 1959 369

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 12

ENDED

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PIEDMONT</u>		Length of stay in 1b		c. CITY OR TOWN <u>PIEDMONT</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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>LAVINIA APPELTON HOPKINS</u>				4. DATE OF DEATH Month Day Year <u>NOV 7 1959</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-18-1870</u>	9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>CHESTERTOWN MARYLAND.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>SAMUEL S. HOPKINS</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA E. APPELTON</u>			14. NAME OF HUSBAND OR WIFE <u>EMMA S. QUINN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT Address <u>EMMA S. QUINN</u> <u>PIEDMONT, 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>Aortic regurgitation</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u>11</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NAME</u>			
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"/> <u>none</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>none</u>	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>none</u>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		20f. CITY, TOWN, OR LOCATION <u>none</u>		COUNTY <u>none</u>		STATE <u>none</u>	
21. I attended the deceased from <u>1957</u> to <u>11-6-59</u> and last saw her alive <u>11-6-59 PM</u> Death occurred at <u>6:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Shirley Walsh DC</u>			22b. ADDRESS <u>Piedmont MO</u>			22c. DATE SIGNED <u>11-10-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		23d. LOCATION (City, town, or county) <u>PIEDMONT MO.</u>		23e. (State)		
24. FUNERAL DIRECTOR ADDRESS <u>GISH FUNERAL HOME</u> <u>PIEDMONT, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>11-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Shirley Lovelace</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6561 0 8 AON SA

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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 442

P. O. Address Pickman

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.