

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044207

FILED VS DEC 30 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5967 STATE FILE NUMBER

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|--|---------------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | Length of stay in lb 6 days | c. CITY OR TOWN Hickman Mills | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 9700 Hillcrest Road |

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|---|---|
| 3. NAME OF DECEASED (Type or print) First Thomas Middle Travis Last Hopkins | 4. DATE OF DEATH Month 12 Day 9 Year 59 |
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|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 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 2-26-1882 | 9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman | 10b. KIND OF BUSINESS OR INDUSTRY Dairy | 11. BIRTHPLACE (City and state or country) Weatherford, Texas | 12. CITIZEN OF WHAT COUNTRY USA |
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|---|---|---|
| 13a. FATHER'S NAME Egbert Hopkins | 13b. MOTHER'S MAIDEN NAME Millie C. Moore | 14. NAME OF HUSBAND OR WIFE Belle 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. 496 09 3891 | 17. INFORMANT Belle Hopkins, 9700 Hillcrest Rd | Address |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Septicemia & Acute Renal Failure | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | Acute Pyelonephritis. |
| | DUE TO (c) | 3 weeks |
| 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"/> N. <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 _____ a.m. _____ p.m. _____ | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 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 **1958** to **12-9-59** and last saw him alive on **12-9-59**
Death occurred at **11-45AM** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>F. H. Clark</i> | (Degree or title) M.D. | 22b. ADDRESS Hickman Mills, Missouri | 22c. DATE SIGNED 12-10-59 |
|--------------------------------------|----------------------------------|--|-------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-11-59 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Kansas City, Missouri | 23d. LOCATION (City, town, or county) (State) |
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| 24. FUNERAL DIRECTOR K. George & Sons Inc, Grandview Mo | 25. DATE RECD. BY LOCAL REG. 12-11-59 | 26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF F. H. CLARK

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 Sterling E. Goddard
Licensed Embalmer No. 4911

P. O. Address Grandview

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.