

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016869
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 57

AMENDED **FILED MAY 22 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Clinton</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb <u>1 1/2 hours</u>		c. CITY OR TOWN <u>Sathroh</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cameron Community hosp</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Edward</u>	Middle <u>Eugene</u>	Last <u>Hopkins</u>	Month <u>May</u>	Day <u>12</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-26-38</u>	9. AGE (last birthday) <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook Paint Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sathroh, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Edward William Hopkins</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Norris</u>	14. NAME OF HUSBAND OR WIFE <u>Gudrey Catherine</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1957-58</u>		17. INFORMANT Address <u>Gudrey Hopkins Sathroh, Mo.</u>

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) <u>Massive Intra-cranial Hemorrhage</u>	DUE TO (b) <u>Multiple Skull Fractures</u>	<u>1 1/2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>1 1/2 hrs.</u>

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>One Car Auto Accident.</u>
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20c. TIME OF INJURY <u>7:30 p.m.</u> Month, Day, Year <u>5-12-61</u>	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, highway) <u>Highway - Sathroh, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Sathroh</u> COUNTY <u>Clinton</u> STATE <u>Mo.</u>
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21. I attended the deceased from <u>8:00 a.m. 5-12-61</u> to <u>9:30 a.m. 5-12-61</u> and last saw her/him alive on <u>5-12-61</u>	Death occurred at <u>9:30 p.m. 5-12-61</u> 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) <u>[Signature]</u>	22b. ADDRESS <u>Cameron Mo.</u>	22c. DATE SIGNED <u>5-17-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 14 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sathroh Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sathroh, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Syon Funeral Home Inc. Sathroh Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 17-1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DATE AMENDED

INSTEAD OF AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAY 29 1961

MAY 25 1961

JUN 9 1961
FEB 15 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Thomas W. Rowson

Licensed Embalmer No. 4889

P. O. Address Hatfield, 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.