

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024796  
STATE FILE NUMBER

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
ITEM NO.  
BY AFFIDAVIT OF

Filed District No. 128 Primary Registration District No. 2000 Registrar's No. 6452

1. PLACE OF DEATH  
a. COUNTY Greene  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 4 Yrs.  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Greene  
c. CITY OR TOWN Springfield Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Route # 9 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Edward Middle John Last Hopkins 4. DATE OF DEATH Month July Day 5 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12/16/68 9. AGE (last birthday) 93 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) Retired Baggage man 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Gentryville, Ind. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Isaac A. Hopkins 13b. MOTHER'S MAIDEN NAME Julia A. Redman 14. NAME OF HUSBAND OR WIFE Nancy J. Hopkins (decs)

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 Dr. P. C. Hopkins Address Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Carcinoma Colon  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
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 12/12/60 to 7/2/61 and last saw <sup>her</sup>him alive on 7/2/61  
Death occurred at 9:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John S. Buchanan M.D. 22b. ADDRESS Springfield Mo 22c. DATE SIGNED 7/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/7/61 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. 23d. LOCATION (City, town, or county) (State) Monett, Mo.

24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo. 25. DATE RECD. BY LOCAL REG. 7-10-61 26. REGISTRAR'S SIGNATURE Effie S. Meltzer

1961 JUL 17

**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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.