

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032218

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 99

AMENDED

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wichita</u>		Length of stay in 1b <u>3 mo</u>	c. CITY OR TOWN <u>Honor City</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 <u>200 F Hosp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7301 Jased</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Wm. Ella Anna Hopkins</u>			4. DATE OF DEATH Month Day Year <u>Sept 30 1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/18/84</u>	9. AGE (last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Gladstone Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Conrad Herbel</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Krutz</u>		14. NAME OF HUSBAND OR WIFE <u>James A Hopkins</u>
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>James A. Hopkins, Jr. S. Mo.</u> Address	

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 <u>2 days</u>
IMMEDIATE CAUSE (a)	<u>Hypostatic Pneumonia</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis</u>	
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 <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour a.m. Month, Day, Year		

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
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21. I attended the deceased from July 61 to Oct. 61 and last saw her Sept 30, 61 alive on Sept 30, 61.  
 Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm H Gardner M.D.</u> (Degree or title)	22b. ADDRESS <u>Liberty Mo</u>	22c. DATE SIGNED <u>10-1-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 2-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt moriah</u>	23d. LOCATION (City, town, or county) <u>S. C. Mo.</u> (State)
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24. FUNERAL DIRECTOR <u>R.W. Newcomer Sons, S.S. Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED  
11/10/61

INSTEAD OF  
Ella Hopkins

SHOULD READ  
Anna Hopkins

ITEM NO.  
3

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF Inf.

OCT 24 1961

**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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.