

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037571

AMENDED

Registration District No. 175 Primary Registration District No. #275 Registrar's No. 61-61 STATE FILE NUMBER

FILED OCT 30 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Lawrence</b>	a. STATE <b>Arkansas</b>		b. COUNTY <b>Baxter</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marionville</b>	Length of stay in 1b. <b>22 Months</b>	c. CITY OR TOWN <b>Cotter</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ozark Methodist Manor</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b></b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Blanche</b>	Middle <b>Hopkins</b>	Last <b>Lark</b>	Month <b>October</b>	Day <b>25</b>
Year <b>1961</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 14, 1874</b>	9. AGE (last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Rockford, Michigan</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edwin Joel Hopkins</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Amanda Bigelow</b>		14. NAME OF HUSBAND OR WIFE <b>Rev. Milton R. Lark</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Warren Mulch, St. Louis, Mo.</b>	
		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
IMMEDIATE CAUSE (a)	<b>Myocardial Failure, Chronic</b>	<b>23 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive Heart Disease.</b>	<b>3 years</b>
	DUE TO (c) <b>Hypertension, severe.</b>	
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

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.)
20c. TIME OF INJURY Hour 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 December 15, 1961 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her alive on October 25, 1961 October 24, 1961

22a. SIGNATURE <b>Fernett L. Selby M.D.</b>	(Degree or title)	22b. ADDRESS <b>Across, Mo</b>	22c. DATE SIGNED <b>Oct. 27, 1961</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 28, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marionville, Missouri</b>
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24. FUNERAL DIRECTOR <b>Bradford-Surrige</b>	ADDRESS <b>Marionville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct 27, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Gerrice Garrison Deputy</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Merionville

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.