

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018670

STATE FILE NUMBER

Dr. Ash

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 740

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6397
20465

3
4 0
5 1
6
7 0
8 2
99040
10 21
11046
125-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Length of stay in 1b 4 DAYS	c. CITY OR TOWN WEST PLAINS
c. FULL NAME OF (If NOT in hospital, give location) BAPTIST HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 416 CHERRY
3. NAME OF DECEASED (Type or print) JOHN HENRY HOPKINS			4. DATE OF DEATH Month MAY Day 8 Year 1962
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 10/16/77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER & CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 84
13a. FATHER'S NAME BENJAMIN HOPKINS		13b. MOTHER'S MAIDEN NAME BELLE WILLES	11. BIRTHPLACE (City and state or country) POTTERSVILLE, MO. USA
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. NO	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT VERN HOPKINS, WEST PLAINS, MO.			14. NAME OF HUSBAND OR WIFE JOAN HOPKINS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fracture hip region. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 6 days
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 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.) Fell near his home.	
20c. TIME OF INJURY Hour 5 a.m. 2 p.m.	Month, Day, Year 5/2/62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) About home	20f. CITY, TOWN, OR LOCATION West Plains, Mo.	COUNTY Howell STATE MO
21. I attended the deceased from 5/4/62 to 5/8/62 and last saw her/him alive on 5/8/62 Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Charles Ash MO</i>		22b. ADDRESS 1211 S. Glenstone, Springfield, Mo.	22c. DATE SIGNED 5/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/13/62	23c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY	23d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 5-15-62	26. REGISTRAR'S SIGNATURE <i>Effie E. Meeter</i>
27. ADDRESS SPRINGFIELD, MO.			

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 Walter C. Kamella

Licensed Embalmer No. 3808

P. O. Address Springfield 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.

Permit renewed 5-13-62