

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

75-62-019693
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 75

FILED JUN 4 1962

VS 300
Rev. 4/59

1 0735
2 0730
3 1
4 0
5 3
6
7 1
8 2
9 9049
10 45
11 333
12 2-0
13 6-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in 1b 5 days	c. CITY OR TOWN Neosho Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DEE Middle DENNIS Last HOPKINS			4. DATE OF DEATH Month MAY Day 30 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-19-1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bulldozer Operator		10b. KIND OF BUSINESS OR INDUSTRY Jammie Poe	11. BIRTHPLACE (City and state or country) Jay, Oklahoma
13a. FATHER'S NAME W. E. Hopkins		13b. MOTHER'S MAIDEN NAME Nettie Hopkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Shirley Hopkins, Stella, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO (b) _____ DUE TO (c) Pneumonia hemorrhax PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Fracture of sternum 4 left, 1, 2, 3, 4, 5 ribs; Seceration lung. 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 INTERVAL BETWEEN ONSET AND DEATH A few minutes			
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 _____ a.m. _____ p.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	
21. I attended the deceased from 25 May 62 to 30 May 62 and last saw him alive on 30 May 62 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul B Anderson M.D.		22b. ADDRESS Neosho, Missouri	22c. DATE SIGNED 31 May 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-30-1962	23c. NAME OF CEMETERY OR CREMATORY Lowell Cemetery	23d. LOCATION (City, town, or county) (State) Lowell Kansas
24. FUNERAL DIRECTOR ADDRESS Wene Funeral Home, Baxter Sprrs, Kan.		25. DATE RECD. BY LOCAL REG. 31 May 62	26. REGISTRAR'S SIGNATURE Deydora Belka

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JUN 26 1962

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JUN 20 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 Jimmie C. Labe

Licensed Embalmer No. 5140

P. O. Address Peosho, 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.

[Faint handwritten notes at the bottom left]