

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028342

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 308

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 24 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY St. Francois</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Length of stay in 1b 1 day</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo b. COUNTY Washington</p> <p>c. CITY OR TOWN Potosi Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS R#2 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last Frank Jesse Hopkins</p>	
<p>4. DATE OF DEATH Month Day Year July 16 1962</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 9/8/75</p>
<p>9. AGE (last birthday) 86</p>	<p>IF UNDER 1 YEAR Months Days Hours Min. 86</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY Farming</p>
<p>11. BIRTHPLACE (City and state or country) Washington Co., Mo.</p>	<p>12. CITIZEN OF WHAT COUNTRY USA</p>
<p>13a. FATHER'S NAME William Hopkins</p>	<p>13b. MOTHER'S MAIDEN NAME Julia Gilliam</p>
<p>14. NAME OF HUSBAND OR WIFE Helen Holman Hopkins (d)</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no NO</p>	<p>16. SOCIAL SECURITY NO. none</p>
<p>17. INFORMANT Harold Hopkins, R#2, Potosi, Mo</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 26 hrs</p> <p>DUPLICATE TO (b) GENERALIZED ARTERIOSCLEROSIS</p> <p>DUPLICATE TO (c)</p> <p>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic HEART DISEASE</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION Washington Co., Mo COUNTY STATE</p>	
<p>21. I attended the deceased from 7-15-62 to 7-16-62 and last saw ^{her}him alive on 7-15-62</p> <p>Death occurred at 9:12 AM on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) C.E. Conleton MD</p>	<p>22b. ADDRESS Farmington Mo</p>
<p>22c. DATE SIGNED 7-20-62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Removal</p>	<p>23b. DATE 7/19/62</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Antioch Cem.</p>	<p>23d. LOCATION (City, town, or county) (State) Washington Co., Mo</p>
<p>24. FUNERAL DIRECTOR Gum & Son ADDRESS Potosi, Mo</p>	<p>25. DATE RECD. BY LOCAL REG. July 19 1962</p>
<p>26. REGISTRAR'S SIGNATURE Cather Rudloff</p>	

VS 300 Rev. 4/59

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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

AUG 8 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 William H. Gunn

Licensed Embalmer No. 5155

P. O. Address Potosi, 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.