

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034225

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 51

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 8 1962**

1. PLACE OF DEATH  
 a. COUNTY Dallas  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Urbana Length of stay in lb 60 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MO. b. COUNTY Dallas  
 c. CITY OR TOWN Urbana Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
James Henry Hopkins 8-31-1962  
 5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH Sept-12-1900 9. AGE (last birthday) 61 IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE (City and state or country) Dallas Co, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.  
 13a. FATHER'S NAME Isaac G. Hopkins 13b. MOTHER'S MAIDEN NAME MARY E. DYER 14. NAME OF HUSBAND OR WIFE Jervell 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 Jewell Hopkins, Urbana, MO Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage 6 hours  
 DUE TO (b) Vascular Sclerosis 10 years  
 DUE TO (c) Hypertension ?  
 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  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 7/16/1958 to 8/31/1962 and last saw him live on 8/31/1962  
 Death occurred at 11:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 22b. ADDRESS Urbana, Missouri 22c. DATE SIGNED 9/3/1962  
 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 9-4-1962 23c. NAME OF CEMETERY OR CREMATORY MISSION Ridge Cem 23d. LOCATION (City, town, or county) (State) Dallas Co, MO  
 24. FUNERAL DIRECTOR Allen W. Vaughan ADDRESS Urbana, Mo 25. DATE RECD. BY LOCAL REG. 10/4/1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Havana, 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.