

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043852

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 502

**FILED DEC 1 1962**

VS 300  
Rev. 4/59

1 0940

2 0940

3

4 0

5 1

6

7 0

8 2

9 4500

10

11

12 2-2

13 1-0

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 <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Twp. Farmington rural</b>		c. CITY OR TOWN <b>R.F.D. #2</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mineral Area Osteopathic</b>		d. STREET ADDRESS (If outside, give location) <b>Mineral Area Osteopathic</b>	
3. NAME OF DECEASED (Type or print) First <b>Onno</b> Middle <b>Cruse</b> Last <b>Hopkins</b>		4. DATE OF DEATH Month <b>November</b> Day <b>29</b> Year <b>1962</b>	
5. SEX <b>Male</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>May 8, 1875 - 87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Company</b>	11. BIRTHPLACE (City and state or country) <b>Crawford, Co. Mo.</b>
13a. FATHER'S NAME <b>Arthur M Hopkins</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda H. Halbert</b>	14. NAME OF HUSBAND OR WIFE <b>Carrie Hopkins</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <b>Mrs. O.C. Hopkins, Farmington, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY PARALYSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hr.</b>	
DUE TO (b) <b>CEREBRAL ANOXIA + ARTERIOSCLEROSIS</b>		<b>5-6 da.</b>	
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>		<b>SEV MONTHS</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 _____ 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 <b>11-26-62</b> to <b>11-24-62</b> and last saw her/him alive on <b>11-29-62</b> Death occurred at <b>6:05</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. G. Rudloff</b>		22b. ADDRESS <b>Farmington Mo.</b>	
22c. DATE SIGNED <b>12-1-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/2/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem. Pk.</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Rt. 1 - Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>C.Z. Boyer &amp; Son, Inc. Desloge, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 1, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>

**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

*B. T. Boyd*

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.