

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0010568

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5515 Registrar's No. 79

FILED MAR 28 1968

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Shawnee Twp</i>		c. CITY OR TOWN <i>Chilhowee</i>	
Length of stay in 1b <i>3 yrs</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home Route 1, Chilhowee</i>		d. STREET ADDRESS (If outside, give location) <i>Rural Route #1</i>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>Ida</i> Middle <i>Hopkins</i> Last <i>Hopkins</i>		4. DATE OF DEATH Month <i>March</i> Day <i>21</i> Year <i>1966</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7/4/1898</i>
9. AGE (last birthday) <i>67</i>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>x</i>	
11. BIRTHPLACE (City and state or country) <i>Windsor, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Scheele</i>		13b. MOTHER'S MAIDEN NAME <i>Ella Cox</i>	
14. NAME OF HUSBAND OR WIFE <i>John Hopkins</i>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>496-32-6167</i>	
17. INFORMANT <i>John Hopkins, Chilhowee, Missouri</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Endocarditis</i> DUE TO (b) <i>Cardio-Vascular - Renal disease</i> DUE TO (c) <i>6 months</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 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 <i>1</i> a.m. <i>30</i> p.m.	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 <i>2-20-1958</i> to <i>3-21-1966</i> and last saw her alive on <i>3-14-1966</i> Death occurred at <i>6 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James M. Halberg D.O.</i>		22b. ADDRESS <i>Holden, Missouri</i>	
22c. DATE SIGNED <i>3/22/66</i>			
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3/23/66</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Grant Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Blainstown, Missouri</i>
24. FUNERAL DIRECTOR <i>Cook Funeral Home, Chilhowee, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-22-66</i>	
26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

APR 28 1966

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 _____

Licensed Embalmer No. 4335

P. O. Address Chillicothe, 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 obtained 3-22-66 (MBS)