

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5532

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Saltriver Township)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri. P.F.D.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>H.</u> b. (Middle) <u>Clay</u> c. (Last) <u>Hopkins.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 19, 1865</u>	
9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>22</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>	
13a. FATHER'S NAME <u>Eldridge Hopkins</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Menefee</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. E. Hopkins</u> ADDRESS <u>Perry, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>2317</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerotic gangrene</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>Left foot</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 6, 1949</u> , to <u>11 Feb 19 49</u> that I last saw the deceased alive on <u>11 Feb, 19 49</u> , and that death occurred at <u>7:22 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. D. Poller</u> M.D. 17				23b. ADDRESS <u>Perry, Mo.</u>		23c. DATE SIGNED <u>2-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perry, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-49</u>		REGISTRAR'S SIGNATURE <u>Dr. K. M. Lucke</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Charles W. Carey</u>		ADDRESS <u>Perry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Clyde E. Wilkey

Licensed Embalmer No. *3826*

P. O. Address *Perry, 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 this body is not embalmed, fact should be so stated above.