

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17299

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>197</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. LENGTH OF STAY (in this place) .....		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u> <u>0780</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>		b. (Middle) <u>Kirk</u>		c. (Last) <u>Hopkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 11, 1899</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
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>Perry, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wenfee Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Herren Hopkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) .....		16. SOCIAL SECURITY NO. <u>494-20-5602</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lula Hopkins, Perry, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Peptic Ulcer</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>4/27/51</u> <u>2 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>4-28-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated Peptic Ulcer</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) <u>Perry, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. .....		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5411</u>			
22. I hereby certify that I attended the deceased from <u>April 28</u> , 19 <u>51</u> , to <u>June 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 2</u> , 19 <u>51</u> , and that death occurred at <u>7:10</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. C. E. ...</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>6-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pickcreek cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-7-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. ...</u>		ADDRESS <u>Perry, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 12 1951  
CO. HEALTH DEPT.  
DATE FILED JUN 13 1951

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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 W. W. W.*

Licensed Embalmer No. 3820

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.