

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39413

FILED DEC 11 1952

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>6 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		0611	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan</u>				d. STREET ADDRESS (If rural, give location) <u>1109 N. Rutherford</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>		b. (Middle) <u>Lucetta</u>		c. (Last) <u>Hopkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 18, 1899</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Martin Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Lucetta D. Weigle</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John C. Earl, Macon, Mo.</u>		ADDRESS <u>—</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>Carcinoma of esophagus</u> <u>C-methotax</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis H.D.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>			
19a. DATE OF OPERATION <u>7</u>		19b. MAJOR FINDINGS OF OPERATION <u>Epidermoid Ca. mid esophagus</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? <u>150X</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>18 Nov.</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>18 Nov.</u> , 19 <u>52</u> , and that death occurred at <u>5:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward M. Johnson M.D.</u>		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>20 Nov. 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mexico</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/22/52</u>		REGISTRAR'S SIGNATURE <u>Auth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Hutton Macon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12.2.52  
Date Filed 12.52.181

### 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

Charles L. Shilton

Licensed Embalmer No. 4577

P. O. Address. Macon, 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.