

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0013631

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 139

VS 300
Rev. 4/59

10017

2648

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9/20/1

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11

12-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH
a. COUNTY Marion b. CITY Kirksville

b. CITY (If outside corporate limits, give TOWNSHIP only)
Kirksville

Length of stay in 1b
4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
K. O. Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marion

c. CITY OR TOWN Hannibal Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
115 N. 7th Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
HENRY

Middle
PETER

Last
HOPKINS

4. DATE OF DEATH
Month Day Year
April 16 1964

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ XXXXXXXXXX
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/24/94

9. AGE (last birthday)
69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Physician

10b. KIND OF BUSINESS OR INDUSTRY
Osteopathic

11. BIRTHPLACE (City and state or country)
Perry, Mo.

12. CITIZEN OF WHAT COUNTRY
U S

13a. FATHER'S NAME

Alvin M. Hopkins

13b. MOTHER'S MAIDEN NAME

Annie Phillips

14. NAME OF HUSBAND OR WIFE

Cecile Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

W. W. 1

16. SOCIAL SECURITY NO.
486-14-2230

17. INFORMANT
Address
Cecile Hopkins, Hannibal, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Complete heart block

INTERVAL BETWEEN ONSET AND DEATH

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

DUE TO (c)

Coronary thrombosis

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4-24-63 to 4-16-64 and last saw him alive on 4-16-64
Death occurred at 2:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-18-64

23c. NAME OF CEMETERY OR CREMATOR

Grandview Gardens

23d. LOCATION (City, town, or county)

Hannibal, Marion, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schwartz Funeral Home, Hannibal, Mo.

25. DATE RECD. BY LOCAL REG.
April 16, 1964

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

RECEIVED
APR 21 1964

DAVID W. BOONE, D.O.

Permit issued April 16, 1964

Embalmer's Signature
Intergalactic
Embalmer's Signature

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.