

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-032567

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 68

STATE FILE NUMBER

FILED AUG 19 1965

VS 300
Rev. 4/59

1 0614

2 0640

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4 0

5 1

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12 2-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY dont know	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon, Missouri		c. CITY OR TOWN Hannibal, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital		d. STREET ADDRESS (If outside, give location) 1601 Bird Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Francis C. Hopkins		4. DATE OF DEATH Month 8 Day 14 Year 65	
5. SEX M.	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-10-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Osteopathy		10b. KIND OF BUSINESS OR INDUSTRY Doctor	9. AGE (last birthday) 72
13a. FATHER'S NAME Menefee Hopkins		13b. MOTHER'S MAIDEN NAME Annie Phillips	14. NAME OF HUSBAND OR WIFE Helen A. Hopkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Helen Hopkins Hannibal, Mo.		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) Asphyxia caused by Bronchial Obstruction DUE TO (b) Metastatic CA of Lungs DUE TO (c) Primary CA of Larynx 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. Month, Day, Year	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 Hannibal, Mo.	
21. I attended the deceased from 8-8-65 to 8-14-65 and last saw her/him alive on 8-14-65 Death occurred at 1:04 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Harry S. Still D.O.	
22b. ADDRESS Macon Mo		22c. DATE SIGNED 8-17-65	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 17, 65	23c. NAME OF CEMETERY OR CREMATORY Grand View B. Park	23d. LOCATION (City, town, or county) Hannibal, Mo.
24. FUNERAL DIRECTOR Schwartz Funeral Home Hannibal Mo.		25. DATE RECD. BY LOCAL REG. 8-18-65	26. REGISTRAR'S SIGNATURE Louise Harefeld

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 23 1965

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 Charles L. Zetter

Licensed Embalmer No. 9577

P. O. Address Mason 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.