

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		c. LENGTH OF STAY in 1 b. <b>17 Yrs.</b>	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		
d. NAME OF (If in hospital, give street address) HOSPITAL OR INSTITUTION <b>Baylor Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>6915 Hyde Park Dr.</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First <b>Meredith</b>		(b) Middle <b>Hillard</b>		(c) Last <b>Hopkins</b>	
4. DATE OF DEATH <b>11-20-63</b>			5. SEX <b>Male</b>		
6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-22-1907</b>	
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Minutes	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		11. BIRTHPLACE (State or foreign country) <b>Wolfe City, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>King W. Hopkins</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Hill</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>456-07-3423</b>		17. INFORMANT <b>Mrs. Ida V. Hopkins - Wife</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
DUE TO (c)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
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. p.m.		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 building, etc.)		20f. CITY, TOWN, OR LOCATION			
21. I hereby certify that I attended the deceased from <b>Inquest Held on November 20, 1963</b> and last saw the deceased alive on <b>19</b> Death occurred at <b>9:05 A</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Dallas, Texas</b>		22c. DATE SIGNED <b>11-20-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-22-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Restland Memorial Park</b>	
23d. LOCATION (City, town, or county) <b>Dallas</b>		23e. STATE <b>Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> <b>Restland Funeral Home</b>	
25a. REGISTRAR'S FILE NO. <b>6449</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>NOV 21 1963</b>		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>ACTING REGISTRAR</b>	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

