

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11561
Registrar's No. 428

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 428
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay 24		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 23YRS		c. LENGTH OF STAY (in this place) 45y 2Mo 28dy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) c. (Last) LOPP		4. DATE OF DEATH (Month) (Day) (Year) April 15 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT. 4 1886	9. AGE (In years last birthday) 75-6-2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sylvester Elsworth Stofer		13b. MOTHER'S MAIDEN NAME Eliza Jane Snell	14. NAME OF HUSBAND OR WIFE B. F. Lopp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. E.W. Ferguson Tarrel Iowa (Sister) ADDRESS Iowa	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhaustion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accident Fracture Hip & Pelvis DUE TO (c) falling out of Bed. no G. 90° 20 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital #2	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 10 49 3 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell out of Bed		
22. I hereby certify that I attended the deceased from Dec 1948, to Apr 15, 1949 that I last saw the deceased alive on 4-14, 1949, and that death occurred at 2-40 a.m., from the causes and on the date stated above.				
23a. SIGNATURE O.E. Salzer (Degree or title) M.D.		23b. ADDRESS State Hospital #2 St. Joseph Mo	23c. DATE SIGNED 4-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 16, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Apr 19, 1949	REGISTRAR'S SIGNATURE B. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Neichopper		ADDRESS 1948 Colhoun St. St. Joseph, Mo.

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

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.

Signed Albert E. Harrington

Signed *****
Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.