

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16849**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give town) Washington.		c. CITY (If outside corporate limits, write RURAL and give township) Washington.	
c. LENGTH OF STAY (in this place) 80 yrs.		d. STREET ADDRESS (If rural, give location) 247 Fair St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 247 Fair St.			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Elizabeth c. (Last) Kopp			4. DATE OF DEATH (Month) (Day) (Year) May 19th, 1950.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9th, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 9 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-work.		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bernard Patke.		13b. MOTHER'S MAIDEN NAME Gertrude Niemann.		14. NAME OF HUSBAND RECORDED Joseph A. Kopp.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None.		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella M. Kopp Washington, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4222
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) H	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?	

22. I hereby certify that I attended the deceased from 1940, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 4:30 PM, from the causes and on the date stated above.

23a. SIGNATURE L. J. Poff		23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 5/20/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22, 1950.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,		24d. LOCATION (City, town, or county) (State) Washington, Mo.
DATE REC'D BY LOCAL REG. May 20, 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nielburg & Vitt Inc. Washington, Mo.		

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

362

0362

RECEIVED MAY 27 1950
District Health Officer No. 9,
District File Number

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 _____

Jester A. Velt
3254

Licensed Embalmer No. _____

P. O. Address _____

Washington, D.C.

Signed _____
Student Embalmer

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.