

No. 300 FILED MAY 20 1952

10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15936

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY COLE		b. COUNTY COLE		a. STATE MISSOURI		b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) 907 MADISON			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) OTTO	b. (Middle) WILLIAM	c. (Last) KOPP	Month MAY	Day 12	Year 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 21, 1898		9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months 1	11. UNDER 1 MRS. Hours Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MISSOURI PACIFIC R. R.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) FORK, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM KOPP		13b. MOTHER'S MAIDEN NAME MARY OFFENDOCK		14. NAME OF HUSBAND OR WIFE LENA KOETTING			
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.	17. INFORMANT'S SIGNATURE OR NAME MR. S OTTO KOPP				
			ADDRESS J. C. MO.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Generalized Bacteremia					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Bacteremia of Intestines					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					153X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Bacteremia					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 May 12, 1952 to May 12, 1952 , that I last saw the deceased alive on May 12, 1952 , and that death occurred at P. m., from the causes and on the date stated above.							
23a. SIGNATURE D. B. Bruce				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 5/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
BURIAL		MAY 15, 1952	RESURRECTION		JEFFERSON CITY, MO.		
DATE REC'D BY LOCAL REG. May 14-1952		REGISTRAR'S SIGNATURE R. P. Dorrie MD-DR		25. FUNERAL DIRECTOR'S SIGNATURE Hyvicki Delle		ADDRESS J. C. MO.	

(Licensed Embalmer's Statement of Reverse Side)

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

264
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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
Student Embalmer

Signed _____

Sylvester Diller

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.