

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31986

State File No. _____

WED OCT 3 1952

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5475 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>HICKMAN MILLS KANSAS CITY</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>HICKMAN MILLS KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>66 years</u>		d. STREET ADDRESS (If rural, give location) <u>1111 Applewood Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1111 Applewood Drive</u>		d. STREET ADDRESS (If rural, give location) <u>1111 Applewood Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Veronica</u> b. (Middle) _____ c. (Last) <u>Koppitz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>JAN. 8, 1873</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carl Austria Hungaria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Joseph Friesheim</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Pouise</u>	14. NAME OF HUSBAND OR WIFE <u>Moritz Koppitz</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hilda Hayworth</u>	ADDRESS <u>1111 Applewood Drive</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma's</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>4 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C A of Gall Bladder</u>		
	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 checked="" type="checkbox"/>
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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) <u>155X</u>
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 June 1, 1952, to Sept 16, 1952, that I last saw the deceased alive on 9/16, 1952 and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Darryl S. Bigger, M.D.</u>	23b. ADDRESS <u>Raytown, Mo</u>	23c. DATE SIGNED <u>9/19/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT-19-1952</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>ST. JOSEPH CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>SHAWNEE KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>9/18/52</u>	REGISTRAR'S SIGNATURE <u>Dr. Linnie E. Hedgerd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2470
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2:30-5

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 _____

Chester K Brown

Student Embalmer No. *476*

working under my personal supervision.

Student *Chester K Brown*
Student Embalmer

Signed *Edward M. Stacey*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 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.