

38634

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5154

5154

No. 300  
10.48

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) <i>non-resident</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Muehlebach Hotel		d. STREET ADDRESS (If rural, give location) 8926 Windom			
3. NAME OF DECEASED a. (First) Helois		b. (Middle)		c. (Last) Dopking	
4. DATE OF DEATH (Month) (Day) (Year) November 24, 1952		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 23, 1910		9. AGE (In years last birthday) 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Green Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. G. Wood		13b. MOTHER'S MAIDEN NAME Pearl Cox	
14. NAME OF HUSBAND OR WIFE Al Dopking		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Al Dopking		ADDRESS St. Overland, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> INTERVAL BETWEEN ONSET AND DEATH 2 hrs  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			
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)		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 <i>April</i> , 1947, to <i>Nov 24</i> , 1952, that I last saw the deceased alive on <i>11/24</i> , 1952, and that death occurred at <i>11:30</i> m., from the causes and on the date stated above.					
23a. SIGNATURE G. R. Maser		23b. ADDRESS Mission Ks		23c. DATE SIGNED 11/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-25-52		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Shawnee Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Ed Paul		ADDRESS Shawnee, Kansas	
DATE REC'D BY LOCAL REG. 11-25-52		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ed Paul	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Ed Paul Guss.....

Licensed Embalmer No. 4385.....

P. O. Address Shawnee, Kans......

**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.