FILED FEB 9 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4459

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4473 Registrar's No. 9

**1. PLACE OF DEATH**
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKBURN
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLACKBURN 0970
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): HERMAN
b. (Middle): AUGUST
c. (Last): OPFER

**4. DATE OF DEATH** (Month) (Day) (Year): Jan 1 29 53

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: SEPT. 11, 1876
**9. AGE** (In years last birthday): 76 | If under 1 year: Months 4 Days 18 | If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: FARMING
**11. BIRTHPLACE** (City and State or Foreign Country): GERMANY 4
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: HERMAN OPFER
**13b. MOTHER'S MAIDEN NAME**: NOT KNOWN
**14. NAME OF HUSBAND OR WIFE**: LOUISE NORDSIECK OPFER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: WALTER OPFER
ADDRESS: HIGGINSVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: Jan. 16 1952 to Jan. 29 1953

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 442X
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan. 16, 1952, *to* Jan. 29, 1953, *that I last saw the deceased alive on* Jan. 29, 1953, *and that death occurred at* 6:30 a *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Geo A Kelling MD
**23b. ADDRESS**: Waverly, Missouri
**23c. DATE SIGNED**: 2/2/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 1-31-53
**24c. NAME OF CEMETERY OR CREMATORY**: LUTHERAN
**24d. LOCATION** (City, town, or county) (State): BLACKBURN, MISSOURI

**DATE REC'D BY LOCAL REG.**: 2-7-1953
**REGISTRAR'S SIGNATURE**: [signature] 293-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Forrest A. Hoefer
ADDRESS: HIGGINSVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

Student _____
Student Embalmer

Signed Forrest A. Horton

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, MISSO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.