

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5320

9244

No. 300
10.48

FILED MAR 16 1953

State File No.

Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. 84		PRIMARY REG. DIST. NO. 5320		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Rural, Palestine)		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN Rural, Kitty Palestine Imp)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles East Bunceton				d. STREET ADDRESS (If rural, give location) 3 Miles East Bunceton 0270			
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) W.		c. (Last) Kopp Jr.		4. DATE OF DEATH (Month) (Day) (Year) March, 8, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 28th, 1882	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Iron Mountain, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Kopp Sr.			13b. MOTHER'S MAIDEN NAME Mary Lang			14. NAME OF HUSBAND OR WIFE Gertrude Kopp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude Kopp (Wife) Bunceton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Endocarditis - DUE TO (c) Essential Hypertension -				INTERVAL BETWEEN ONSET AND DEATH Immediate	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		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) None		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 DEC. 15, 1949 , to MARCH 8, 1953 , that I last saw the deceased alive on MARCH 8, 1953 , and that death occurred at 12:22 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James A. Caruth DC-NO				23b. ADDRESS Bunceton, Mo		23c. DATE SIGNED March 10, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Mar 11-1953		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Bunceton, Missouri	
DATE REC'D BY LOCAL REG. Mar 11-1953		REGISTRAR'S SIGNATURE Hellie Thulett		25. FUNERAL DIRECTOR'S SIGNATURE James E. Richards		ADDRESS Lipton	

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

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VS
APR 21 1958

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 Jessie E. Richard

Licensed Embalmer No. 2466

P. O. Address Lupton, 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.