

STANDARD CERTIFICATE OF DEATH

29692

State File No. _____

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6096 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Callaway</u>		c. LENGTH OF STAY (In this place) <u>30 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Callaway</u>		<u>0920</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile West of New Melle, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mile West of New Melle, Mo.</u>		
3. NAME OF DECEASED (Type or Print) <u>Carl</u>		a. (First)	b. (Middle)	c. (Last) <u>Kops</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 2, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 10, 1858</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and State or foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carl Kops</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Kops</u>		ADDRESS <u>New Melle, Mo.</u>	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>5 yrs</u>
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 <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>2-28</u> , 19 <u>49</u> , to <u>7-29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-29</u> , 19 <u>53</u> , and that death occurred at <u>EP</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W.E. Borgesen</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Wentzville, Mo</u>		23c. DATE SIGNED <u>8-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>New Melle, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 15 1953</u>	REGISTRAR'S SIGNATURE <u>Matthias F. Poff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howe Muschong</u>	ADDRESS <u>Wentzville, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 *Harold O. Kusler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.