

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41050**
5941

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

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

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL, and give township) KANSAS City		c. LENGTH OF STAY (in this place) 20 YEARS	c. CITY OR TOWN KANSAS City
d. FULL NAME OF HOSPITAL OR INSTITUTION UNION STATION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Louis	b. (Middle) E.	c. (Last) Kopp	4. DATE OF DEATH (Month) (Day) (Year) Dec 26, 1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 21, 1889	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER	10b. KIND OF BUSINESS OR INDUSTRY ECKHARD SHOE STORE	11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACOB KOPP	13b. MOTHER'S MAIDEN NAME MINNIE UNKNOWN	14. NAME OF HUSBAND OR WIFE GLADYS KOPP
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-03-6883	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. BETTY L. ANDREWS, 5740 BROOKSIDE BLVD. KANSAS CITY, MO.
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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) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion (Thrombosis)		Hours
	DUE TO (c) Atherosclerosis		Several years
	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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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. 1952, to Dec 22, 1954, that I last saw the deceased alive on Dec 22, 1954, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. Boyer	(Degree or title) 2	23b. ADDRESS 5529 7200 St. K. City	23c. DATE SIGNED Dec 27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Dec. 28, 1954	24c. NAME OF CEMETERY OR CREMATORY ALTON	24d. LOCATION (City, town, or county) (State) ILLINOIS
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DATE REC'D BY LOCAL REG. 12-28-54	REGISTRAR'S SIGNATURE neva munshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER & SONS	ADDRESS K.C. MO. 1331 BRUSH CREEK BLVD.
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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.....
Signature of Student Embalmer

Signed *R. C. M.*

Licensed Embalmer No. *481*

P. O. Address *R. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.