.300
.48

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

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13540

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1890

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 38 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 6315 Agnes

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle): OLIVER A.
c. (Last): VOEPEL

4. DATE OF DEATH (Month) (Day) (Year): Apr. 24, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 6, 1880
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Voepel
13b. MOTHER'S MAIDEN NAME: Caroline K. Hueffner
14. NAME OF HUSBAND OR WIFE: Anna Voepel

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.: 495-07-4918
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Voepel, ADDRESS: Kansas City, 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 2d ary to Ca of uterus
DUE TO (c) and of post peritoneal growth of unknown origin — 18 1X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 2-22-56
19b. MAJOR FINDINGS OF OPERATION: post mortem examination refused
20. AUTOPSY? YES [ ] NO [X]

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* 2-2, 1956, *to* 4-24, 1956, *that I last saw the deceased alive on* 4-24, 1956 *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: R.R.Coffey R. R. Coffey MD (Degree or title)
23b. ADDRESS: 1110 3 Grand
23c. DATE SIGNED: 4-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-27-56
24c. NAME OF CEMETERY OR CREMATORY: Virginia Mines
24d. LOCATION (City, town, or county) (State): St. Clair, Missouri

DATE REC'D BY LOCAL REG.: 4-25-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Freeman Mortuary K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

urachus,

Lic. Kolyan Coppey
1324 Prof. Bldg.
1-5
vi 2-1368

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer E. Fraam

Licensed Embalmer No. 481

P. O. Address K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.