

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41571

STATE FILE NUMBER

5207

FILED DEC 21 1956

Registration District No. 149 Primary Registration District No. 1001

Registrar's No. 5207

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits *Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. 70 years			Length of stay in hospital	d. STREET ADDRESS (If outside, give location) 3824 Michigan	
3. NAME OF DECEASED (Type or print) Mrs Josephine Wilahemia Kloepper			First Josephine	Middle Wilahemia	Last Kloepper
4. DATE OF DEATH Nov. 30, 1956		Month Nov.	Day 30	Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 15, 1881		9. AGE (In years last birthday) 75 years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Zimmerman			14. MOTHER'S MAIDEN NAME No record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Josephine Kloepper 3824 Mich-igan Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY Embolus.					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY Arteriosclerosis.					1 yr
DUE TO (c) Ar. Sclerotic Heart Disease					1 yr +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(n) Pericarditis, Acute Purulent					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour p. m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.		COUNTY Jackson	STATE MO
21. I attended the deceased from July 53 to Nov. 30, 1956 and last saw him alive on 11-29-56 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Quentin Cramer (Degree or title) MD			22b. ADDRESS 332 Prof-1102 Grand, Ave K.C. Mo		22c. DATE SIGNED 12/2/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 3, 1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.	
24. FUNERAL DIRECTOR Thomas E. Quirk 4316 Troost Ave.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-1-56	26. REGISTRAR'S SIGNATURE Neva Minshall	

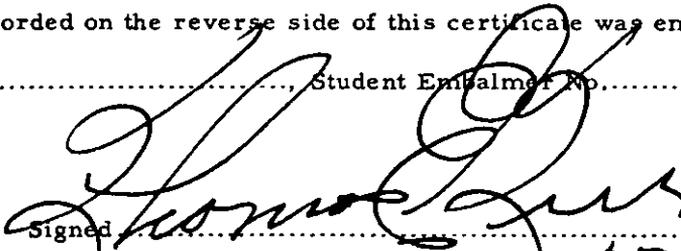
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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 

Licensed Embalmer No. 37

P. O. Address

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