58-025002

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Boonville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph — Length of stay in 1b: 19days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cooper
c. CITY OR TOWN: Bunceton 0270 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): No street numbers — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MAMMIE Middle GERTRUDE Last KOPP

4. DATE OF DEATH: Month August, Day 6th, Year 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: August, 31, 1884
9. AGE (In years last birthday): 73 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Cooper County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James F. Draffen
13b. MOTHER'S MAIDEN NAME: Anna Cobb
14. NAME OF HUSBAND OR WIFE: Daniel W. Kopp (deceased)

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.: 490-44-6503
17. INFORMANT: Mrs. Clifford Parkhurst (Daughter) Address: Bunceton.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL VASCULAR ACCIDENT	3 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	GENERALIZED AND CEREBRAL ARTERIOSCLEROSIS	YEARS
DUE TO (c)	HYPERTENSIVE CARDIOVASCULAR DISEASE	YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7/19/58 to 8/6/58 and last saw her alive on 8/6/58
Death occurred at 7:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. Hota, MD. 0
22b. ADDRESS: 329 Macie St., Boonville, Mo
22c. DATE SIGNED: 8/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 9th. 1958
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): Bunceton, Missouri

24. FUNERAL DIRECTOR: Jewell E. Richards — ADDRESS: Tipton, Mo
25. DATE RECD. BY LOCAL REG.: 8/8/58
26. REGISTRAR'S SIGNATURE: D E Hooper

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

. Health, & Welfare . Public h Service

S. 300 . 1-57 72 0

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 Jewell G. Richa

Licensed Embalmer No. 2466

P. O. Address Tipton,

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.