

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035560

STATE FILE NUMBER 1148

FILED NOV 3 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1148

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 1065 N. Noyes Blvd.	

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Optican			4. DATE OF DEATH Month Day Year October 27, 1958.		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Joe Optican Jewelry Co.	10b. KIND OF BUSINESS OR INDUSTRY (Retail)	11. BIRTHPLACE (City and state or country) Denver, Colorado.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alex Optican Unknown	13b. MOTHER'S MAIDEN NAME Goldie Unknown Schuman	14. NAME OF HUSBAND OR WIFE Lillian Optican
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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.	17. INFORMANT Max Kaufman	Address St. Joseph, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) metastatic carcinoma of pericardium myocardium		1 1/2 years
	DUE TO (c) Carcinoma of right lung 163X		1 1/2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I (a)
Stomach 13 not connected by affidavit of Informant 6-25-62

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
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21. I attended the deceased from Nov. 1955 to 10-28-58 and last saw her alive on 10-28-58
Death occurred at 8:50 AM m on the date stated above; and to the best of my knowledge, from the cause stated.

22a. SIGNATURE Lucien W. Ide (Degree or title)	22b. ADDRESS 902 Edmond St. Joseph, Mo	22c. DATE SIGNED 10-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 29, 1958	23c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Theuerhoffer-Fleming, Inc. St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 29, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Dr. Lucien W. Ide

8961 8 330
DEC 8 1958

VS JAN 20 1960

DEC 29 1958

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 *Albert E. Harrington*

Licensed Embalmer No. 3258

P. O. Address ST. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.