

Health, Welfare, Public Service

Please make

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018712

STATE FILE NUMBER 33
REGISTRAR'S NO. 33

JUN 1 1959 Registration District No. 280 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARKVILLE		c. CITY OR TOWN PARKVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6303 CRYSTAL		d. STREET ADDRESS (If outside, give location) 6303 CRYSTAL	
Length of stay in lb 40 YRS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MORRIS Middle D. Last OPPERMAN			4. DATE OF DEATH Month MAY Day 18 Year 1959		
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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 AUG. 4 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	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) PINKERTON DEC. AGENCY	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BAXTER SPRINGS, KA.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN B. OPFERMAN	13b. MOTHER'S MAIDEN NAME NONA DOTY	14. NAME OF HUSBAND OR WIFE FAITH OPFERMAN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW II	16. SOCIAL SECURITY NO. 500 22 7781	17. INFORMANT FAITH OPFERMAN Address PARKVILLE MO. 6303 CRYSTAL POOL DR.
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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) Pneumonia and atelectasis		INTERVAL BETWEEN ONSET AND DEATH 10 hrs. 1 year 2 1/2 years 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Metastatic carcinoma	
	DUE TO (c) Carcinoma of prostate and larynx	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I (a)) 177X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 COUNTY STATE
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21. I attended the deceased from May 18, 1959 , to May 18, 1959 and last saw him alive on 3:30 p.m. 5-18-59 Death occurred at 3:30 p.m. 5-18-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert P. Kovac, M.D.	22b. ADDRESS 2510 E. Vivian Rd.	22c. DATE SIGNED 5/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE MAY 20 1959	23c. NAME OF CEMETERY OR CREMATORY OSBORNE CEM	23d. LOCATION (City, town, or county) (State) JOPLIN, MO.
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24. FUNERAL DIRECTOR D.W. Newcomer's sons	ADDRESS 1331 BROS	25. DATE RECD. BY LOCAL REG. May 19, 59	26. REGISTRAR'S SIGNATURE W. Philip Rollins
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

6961 JUN 7 1959

6961 JUL 9 1959



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 Basil Honey

Licensed Embalmer No. 4724
P. O. Address K.C., 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.