

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002748

FILED VS JAN 19 1960

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. _____ Registrar's No. 7

IDED

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

3. NAME OF DECEASED (Type or print) First Anna Middle Caroline Last Hopfer			4. DATE OF DEATH Month January Day 10 Year 1960		
--	--	--	---	--	--

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 8-31-1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR 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	11. BIRTHPLACE (City and state or country) Uniontown, Mo.	12. CITIZEN OF WHAT COUNTRY USA
---	-----------------------------------	---	---

13a. FATHER'S NAME Michael Bock	13b. MOTHER'S MAIDEN NAME Maria Mueller	14. NAME OF HUSBAND OR WIFE Paul B Hopfer
---	---	---

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. None	17. INFORMANT Mrs Arthur Schuessler, Uniontown, Mo.
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis, Chronic		INTERVAL BETWEEN ONSET AND DEATH 3 years
DUE TO (b) Arteriosclerosis, General		
DUE TO (c) _____		10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown
--	---

19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ 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 Uniontown	COUNTY Perry	STATE Missouri
--	--	--	------------------------	--------------------------

21. I attended the deceased from **Dec. 22nd 1959 to 1-10-60** and last saw her alive on **1-10-60**
Death occurred at **11:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Theodore Fischer, M.D. (Degree or title)	22b. ADDRESS Attenburg, Mo.	22c. DATE SIGNED 1-12-60
---	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-13-1960	23c. NAME OF CEMETERY OR CREMATORY Grace Lutheran Cemetery	23d. LOCATION (City, town, or county) Uniontown	(State) Missouri
--	-------------------------------	--	---	----------------------------

24. FUNERAL DIRECTOR Young & Sons	ADDRESS Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 1-14-60	26. REGISTRAR'S SIGNATURE Jose J Zellner
---	-----------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward S. Young

Licensed Embalmer No. 2132

P. O. Address Perryville

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