

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-010176**

**FILED VS APR 12 1960**

**53**

**3010**

**143**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Cape Girardeau</b>		STATE <b>Missouri</b> COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in lb <b>60 years</b>	c. CITY OR TOWN <b>Cape Girardeau</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>515 S. Ellis St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>515 S. Ellis St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>	
First <b>Emil</b>	Middle <b>Christian</b>	Last <b>Koepfel</b>	Month <b>April</b>	Day <b>4</b>
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>
<b>8. DATE OF BIRTH</b> <b>11/25/75</b>		<b>9. AGE (last birthday)</b> <b>84</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Mechanic (retired)</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>City Street Dept.</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Egypt Mills, Mo.</b>
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Peter Koepfel</b>		
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Caroline Bedford</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mollie Krueger Koepfel</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> <b>Mrs. Chas. Pape</b> Address <b>Cape Girardeau, Mo.</b>

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 month</b>
IMMEDIATE CAUSE (a) <b>Pneumonia</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Passing Hypertension</b>		
DUE TO (c) <b>Arterio Sclerosis</b>			
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 type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> _____ <b>STATE</b> _____

**21. I attended the deceased from** 1958 to 4/4/60 and last saw him alive on 3/24/60  
**Death occurred at** 4:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <i>[Signature]</i> (Degree or title)	<b>22b. ADDRESS</b> <b>Cape Girardeau, Mo.</b>	<b>22c. DATE SIGNED</b> <b>4/5/60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>4/6/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Lorimier Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) <b>Cape Girardeau, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> <b>C.J. Lorberg</b>	<b>ADDRESS</b> <b>Cape Girardeau, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>4-5-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1980

STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*C. J. Sorberg*

Licensed Embalmer No. 3810

P. O. Address Ad. Girard

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