

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010873

FILED VS APR 4 1960

149 Primary Registration District No. 1002 Registrar's No. 1704

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in lb UNK.	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3412 ROBERTS
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LONZO Middle G Last COPENHAUER			4. DATE OF DEATH Month MARCH Day 22 Year 1960			
5. SEX MALE	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25 1907	9. AGE (last birthday) 52 Yr.	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) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY ST. CHARLES CO. MO.		11. BIRTHPLACE (City and state or country) Mo. S.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Copenhauser Thomas Green		13b. MOTHER'S MAIDEN NAME DELLA GREEN		14. NAME OF HUSBAND OR WIFE Dorothy Copenhauer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes co. W II		16. SOCIAL SECURITY NO. 446-07-6978		17. INFORMANT Address Dorothy Copenhauer 3412 Roberts St KC Mo		

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) RESPIRATORY CENTER FAILURE		Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) UREMIA	DAYS
	DUE TO (c) RENAL & HEPATIC FAILURE	DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LAENNEC'S CIRRHOSIS		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

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.)	
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

21. I attended the deceased from MARCH 18, 1960 to MARCH 22, 1960 and last saw him alive on MARCH 23, 1960 Death occurred at 4:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Verner J. Ames	22b. ADDRESS 926 E. 11th St.	22c. DATE SIGNED 3-22-60	
23a. BURIAL, CREMATION, REMOVA (Specify) Burial	23b. DATE 3-25-60	23c. NAME OF CEMETERY OR CREMATORY Iconium Cem.	23d. LOCATION (City, town, or county) (State) Osceola Mo
24. FUNERAL DIRECTOR ADDRESS Godrich 7. Home Osceola Mo.		25. DATE RECD. BY LOCAL REG. 3-23-60	26. REGISTRAR'S SIGNATURE Neva Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Verner J. Ames

STATEMENT BY LICENSED EMBALMER

APR 8 1960

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 Paul Twitton

Licensed Embalmer No. 3990

P. O. Address Orinda

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.