

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041554
STATE FILE NUMBER

FILED VS DEC 1 2 1960

115-116

Primary Registration District No. 3020

Registrar's No. 262

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 19 days		c. CITY OR TOWN Bourbon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Louis Middle William Last Koppelman				4. DATE OF DEATH Month December Day 1 Year 1960					
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 00271923	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 24 HR Hours 7 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Merchant			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Beaufort, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Frank Koppelman			13b. MOTHER'S MAIDEN NAME Caroline Borgmann			14. NAME OF DECEASED'S WIFE Amelia Wilmscharr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of dates of service) No			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs Amelia Koppelman Bourbon, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arteriosclerotic C.V. Disease				Year.		
DUE TO (c)			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac De-compensation				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 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 1:00 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		COUNTY		STATE	
21. I attended the deceased from 1958 to 1960 and last saw him alive on Dec 1-60 Death occurred at 1:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Robert J. Crawford MD (Degree or title)				22b. ADDRESS Sullivan Mo.				22c. DATE SIGNED 12-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 4 1960	23c. NAME OF CEMETERY Bourbon		23d. LOCATION (City, town, or county) Bourbon		STATE Mo.			
24. FUNERAL DIRECTOR Norman C. Hoener ADDRESS Cuba Mo				25. DATE RECD. BY LOCAL REG. 12/3/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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 by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman C. Doe

Licensed Embalmer No. 4673

P. O. Address Cuba

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.