MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1961

61-000041
STATE FILE NUMBER

AMENDED

Registration District No. 002 Primary Registration District No. 5019 Registrar's No. 1

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Shady Lawn Rest Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew ~~Buchanan~~
c. CITY OR TOWN: Cosby — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: ELLA Middle: BEMIS Last: OPPLIGER
4. DATE OF DEATH: Month: January Day: 9 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/7/1872
9. AGE (last birthday): 88 — 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: own home
11. BIRTHPLACE (City and state or country): Hebron, Nebr.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Bemis
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: J. C. Oppliger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Maude Krumme, R. R. #1, St. Joseph, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC HEART DISEASE WITH CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): FRACTURED LEFT HIP, SIX MONTHS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-23-58, to 1-9-61 and last saw her alive on 12-29-60
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Warren O. Baker (Degree or title) M.D.
22b. ADDRESS: SAVANNAH, MISSOURI
22c. DATE SIGNED: 1-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/9/1961
23c. NAME OF CEMETERY OR CREMATORY: Blakely Cemetery
23d. LOCATION (City, town, or county) (State): Buchanan County, Mo.
24. FUNERAL DIRECTOR: Heaton-Bowman — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: 1-18-61
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 4535

P. O. Address [illegible]

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.