

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008854

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1166 STATE FILE NUMBER

FILED MAR 29 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>35 Wks 25 Ds</u> | c. CITY OR TOWN <u>Raytown</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>9711 E. 81st Street</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Theresa</u> Last <u>Hoptinger</u> | | 4. DATE OF DEATH Month <u>Mar.</u> Day <u>4</u> Year <u>1961</u> | |

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-3-61</u> | 9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>1</u> Days <u>25</u> IF UNDER 24 HR: Hours <u>25</u> Min. <u>25</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> |
| 13a. FATHER'S NAME <u>Arthur James Hoptinger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Colona Ann Hernandez</u> | | 14. NAME OF HUSBAND OR WIFE <u>Raytown Mo</u> |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Mrs. Arthur James Hoptinger</u> |
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| 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) <u>Hypoxia</u> | DUE TO (b) <u>Atelantesis - Primipara</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (c) <u>Acute Placental Primipara Hypoxia</u> | |
| 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 |

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| 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 <u>11:30</u> Month <u>3</u> Day <u>4</u> Year <u>1961</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> |
| 20f. CITY, TOWN, OR LOCATION <u>Raytown Mo</u> | | COUNTY <u>Mo</u> | STATE <u>Mo</u> |

21. I attended the deceased from birth to 3/4/61 and last saw her alive on 3/4/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Gerald L. Miller MD</u> | (Degree or title) | 22b. ADDRESS <u>4706 Pennway K.C. Mo</u> | 22c. DATE SIGNED <u>3/5/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-6-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |
| 24. FUNERAL DIRECTOR <u>Nellody-McKelley-Taylor</u> | ADDRESS <u>Woodland</u> | 25. DATE RECD. BY LOCAL REG. <u>3-6-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Gerald L. Miller MD

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 Wm H. Lentz

Licensed Embalmer No. 05038

P. O. Address K. C. Mo.

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.