MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006042
STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 22

FILED FEB 28 1962

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri
Length of stay in 1b 2 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Hospital, Salem Mo.
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: Myrtle Middle: Margaret Last: Kopp
4. DATE OF DEATH Month, Day, Year: February 20, 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-27-1905
9. AGE (last birthday): 57
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: Housekeeping
11. BIRTHPLACE (City and state or country): London Kentucky
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: E. M. Clouse
13b. MOTHER'S MAIDEN NAME: Myrtle Margaret Rush
14. NAME OF HUSBAND OR WIFE: John Kopp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT: John Kopp Address: Lake Springs, Mo.

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) Coronary (Occlusion) thrombosis due to arteriosclerosis. (41x-942.7)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension, essential.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obesity
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 4/14/53, to 2/20/62 and last saw ~~X~~ alive on 2/20/62
Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS Salem, Missouri
22c. DATE SIGNED 2/22/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 22, 1962
23c. NAME OF CEMETERY OR CREMATORY: Lake Springs Cem.
23d. LOCATION (City, town, or county) (State): Dent County Mo.
24. FUNERAL DIRECTOR: SPENCER FUNERAL HOME INC. ADDRESS: Salem, Mo.
25. DATE RECD. BY LOCAL REG.: 2/22/62
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by [illegible]
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____

Licensed Embalmer No. 8370

P. O. Address_____

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.