

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

21 -62-006820

STATE FILE NUMBER

Registration District No. 152 Primary Registration District No. 5573 Registrar's No. 23

AMENDED

FILED MAR 2 1962

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 SNI#A-BAR		Length of stay in 1b 10 MINS	c. CITY OR TOWN NAPOLEON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIWAY 40 EAST OF 7THWAY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. #4 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) OTTO First W. Middle OPAWSKY Last	4. DATE OF DEATH 2-24-62 Month 2 Day 24 Year 62
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-12	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	10b. KIND OF BUSINESS OR INDUSTRY HAVEN STEEL CO.	11. BIRTHPLACE (City and state of country) CZECHOSLOVAKIA	12. CITIZEN OF WHAT COUNTRY CZECHOSLOVAKIA
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13a. FATHER'S NAME JOSEPH OPAWSKY	13b. MOTHER'S MAIDEN NAME INGEBORG *****	14. NAME OF HUSBAND OR WIFE NONE
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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) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT MRS HAROLD VARNER NAPOLEON MO Address
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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: IMMEDIATE CAUSE (a) W. Languearter's Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severing Carotid artery jugular vein DUE TO (c) vein		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) To Saw 5 leg numerous Certificates		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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) No Car Collision
20c. TIME OF INJURY Hour a.m. p.m. 2-24-62		

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.) Highway	20f. CITY, TOWN, OR LOCATION Jackson	COUNTY Co	STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Walter J. Prews Coroner 152	22b. ADDRESS Union Station 2-2662	22c. DATE SIGNED 2-28-62
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-28-62	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE	23d. LOCATION (City, town, or county) (State) OAK GROVE MO.
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24. FUNERAL DIRECTOR Mayfield	ADDRESS Blue Springs	25. DATE RECD. BY LOCAL REGISTRY 2-28-1962	REGISTRAR'S SIGNATURE N. B. Langford	MO.
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ

MAR 22 1962

MAR 21 1962

MAR 7 1962

MAR 16 1962

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.