

FILED AUG 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

27389

BIRTH NO.		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY OR TOWN <b>Lexington</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Rural one mile south</b>			
3. NAME OF DECEASED (Type or Print) <b>FRITZ</b>		a. (First) <b>LEVIN</b>		c. (Last) <b>KOPP</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 18, 1877</b>	
9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>11</b>		11. DAYS <b>12</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer + operator</b>		11. BIRTHPLACE (State or foreign country) <b>Skona, Sweden</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fritz Kepp</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie Johnson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <b>no</b>		16. SOCIAL SECURITY NO. <b>Not Known</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Adolph Kepp, Lex., Mo.</b> ADDRESS <b>Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of stomach with metastasis to the vertebrae</b> ANTECEDENT CAUSES <b>to the vertebrae</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
19a. DATE OF OPERATION <b>Dec. 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Two-thirds of stomach removed.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>11/28</b> , 19 <b>48</b> , to <b>7/31</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>7/31</b> , 19 <b>50</b> , and that death occurred <b>2:20 A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Ben H. Brasher</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Lexington, Mo.</b>		23c. DATE SIGNED <b>7/30/50</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/2/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Machpelah</b>		24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 10, 1950</b>		REGISTRAR'S SIGNATURE <b>Minerva E. Gantbooks</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James F. Ruppel, Lex. Mo.</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8/31/57  
DISTRICT HEALTH OFFICE No. 3  
District File Number:  
Date Filed 8/30/57

NOV 29 1957  
SEP 1 1954

### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington, Mass

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 this body is not embalmed, fact should be so stated above.