

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10451
Registrar's No. 85

Registration District No. 213

Primary Registration District No. 3014

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
213 Manilla Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 213 Manilla Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Otto A. Opel
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-09-4495

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14 year 1941 hour 10 minute 300 M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Grace Opel 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased: April 5 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-10-44, to 3-14-44; that I last saw him alive on 3-14-44; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>9</u>	_____ hr. _____ min.

Immediate cause of death Chronic pneumonia
Due to Chronic Endocarditis

9. Birthplace Stringtown, Missouri
(City, town, or county) (State or foreign country)

Due to _____
Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Andrew Opel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Kautsch
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Opel
(b) Address Jefferson City, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial (b) Date thereof Mar-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shop & Cochr
(b) Address Jefferson City, Missouri
19. (a) 3/15/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Jefferson City Mo Date signed _____

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.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No. 1286

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.