

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28437**

FILED AUG 23 1954

BIRTH NO. --- REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **9**

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| 1. PLACE OF DEATH a. COUNTY OSAGE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE | |
| b. CITY OR TOWN Chamois | c. LENGTH OF STAY (in this place) 65 yr | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Home in Chamois | | d. STREET ADDRESS (If rural, give location) City | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) Charles c. (Last) TOPEL | | 4. DATE OF DEATH (Month) (Day) (Year) Aug 15 54 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH MARCH 14-1872 |
| 9. AGE (In years last birthday) 82 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROADER | 10b. KIND OF BUSINESS OR INDUSTRY Section | 11. BIRTHPLACE (State or foreign country) GERMANY |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME CARL TOPEL | |

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| 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE STEPHEN TOPEL |
| 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. 90-2-14-5067 |
| 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS JAMES STEPHEN CHAMBOIS | |

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|--|--|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vasculon Renal disease | II. OTHER SIGNIFICANT CONDITIONS | | |
| ANTECEDENT CAUSES | DUE TO (b) Generalized arteriosclerosis | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. PLACE OF INJURY (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442 X |
| 21d. TIME (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 **July**, 1948, to **Aug 15**, 1954, that I last saw the deceased alive on **Aug 14**, 1954, and that death occurred at **2 A** m., from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE (Degree or title) J. V. M. Jolly M.D. | 23b. ADDRESS 205 Central Trust Bldg. Jefferson City MO | 23c. DATE SIGNED 8-17-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE Aug 17-1954 | 24c. NAME OF CEMETERY OR CREMATORY OAKLAND CEM. |
| 24d. LOCATION (City, town, or county) (State) Chamois Mo | | |

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| DATE REC'D BY LOCAL REG Aug 20 1954 | REGISTRAR'S SIGNATURE Anna Moran | 25. FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS Stanley G. Meyer Chamois |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0-160 55-702-14-5067

OCT 8 1954

OCT 5 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Stanley E. Meyer

Licensed Embalmer No. *4639*

P. O. Address *Chambers St*

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.